Manitoba Health and Healthy Living

# Annual Report 2005-2006

Manitoba

2007-04564/

**MINISTER OF HEALTH**

Room 302
Legislative Building
Winnipeg, Manitoba, CANADA
R3C 0V8

His Honour the Honourable John Harvard, P.C., O.M.
Lieutenant Governor of Manitoba
Room 235, Legislative Building
Winnipeg, Manitoba
R3C 0V8

May It Please Your Honour:

We have the privilege of presenting the Annual Report of Manitoba Health and Healthy Living and the Annual Report of the Manitoba Health Services Insurance Plan for the fiscal year 2005/06. The reports, which are published as one document, are required under *The Department of Health Act* and *The Health Services Insurance Act* respectively.

Respectfully submitted,

Tim Sale
Minister of Health

Theresa Oswald
Minister of Healthy Living

Manitoba

**Deputy Minister**
**of Health**
**of Healthy Living**
Room 327, Legislative Building
Winnipeg, Manitoba, Canada
R3C 0V8

**Honourable Tim Sale**
**Minister of Health**

**Honourable Theresa Oswald**
**Minister of Healthy Living**

Dear Ministers:

I am pleased to present the Annual Report of Manitoba Health and Healthy Living and the Annual Report of the Manitoba Health Services Insurance Plan for the fiscal year 2005/06.

Manitoba Health and Healthy Living continues to believe that sustaining our universal, comprehensive, accessible and appropriately funded and administered health care system is of paramount importance. Manitoba Health and Healthy Living's commitment to improving the health status of all Manitobans remains strong, and in 2005/06 we took steps to further this commitment.

**Major achievements of the Department for the fiscal year 2005/06 included:**

- **Healthy Living:** The ministry of Healthy Living continued to lead and shape the department's focus on promoting healthful practices and preventing disease and injury through:
  - Healthy Kids, Healthy Futures – a province-wide Consultation with Manitobans about ways to maximize the health of children and youth today and into their adult lives.
  - The implementation of the Chronic Disease Prevention Initiative – a primary prevention initiative to address the risk factors common to preventable chronic diseases such as diabetes and heart disease.
  - The launch of the provincial physical activity strategy "Manitoba in motion".
  - Public education campaigns to help prevent injury such as the multimedia campaign "Protect Your Noggin" to promote the use of bicycle helmets among children and youth.

- **Continued effort towards improved access and wait time reduction** through a comprehensive new $155 million plan to improve access to quality care and reduce wait times in key areas. Manitoba's Five-point Plan to reduce wait times includes more diagnostic testing, more surgeries, more health professionals, system innovation and better wait-list management and prevention and health promotion. The wait list strategy includes the following initiatives:
  - Strategies for orthopedic surgery which would increase the number of surgeries performed and improve the way wait lists are managed,
  - Innovative pilot project to reduce wait times for MRI and CT scans through the use of electronic order entry software,

- Expansion of pain management services with the development of a new satellite clinic at the Pan Am Clinic to treat less complex cases in an effort to reduce wait times,
- Expanding the amount of public information available on wait times for a wide range of health procedures to assist in diagnostic and treatment planning for Manitobans,
- Establishment of a national set of 10 evidence-based benchmarks in cancer radiation therapy, cardiac surgery, orthopedics (hip and knee replacements), diagnostic services (mammography and cervical screening) and sight restoration as agreed to by Federal, Provincial and Territorial Governments,
- A Happy Child Early Childhood Tooth Decay Prevention Project to reduce wait times for pediatric dental services by expanding the number of dental surgeries in the Burntwood Regional Health Authority.

- **Continued improvement in nursing supply in Winnipeg and more gradual improvements in rural and northern regions**. A five year progress report released in 2005/06 on Manitoba's Nursing Strategy showed a dramatic improvement in nursing supply. An additional 1,200 nurses were practicing in Manitoba in 2004 compared to 1999. The report also noted that more than 60 rural vacancies have been filled (57 RNs, six RPNs) in rural and northern Manitoba because of nursing strategy initiatives.

- **Continued support of the Manitoba strategy to boost physician supply**. A new provincial strategy was introduced which includes plans for a further expanded medical school, new incentives for Canadian physicians to work in Manitoba and for family physicians to upgrade their education levels, an expanded licensing program for international medical graduates and more aggressive recruitment campaigns.

- **Major improvements to hospital infrastructure** including:
  - Expansion of the Swan Valley Health Centre,
  - Health Centre in Wabowden was opened to provide local residents access to primary health care services,
  - Upgrades to the St. Anne Hospital,
  - Modernization of the Flin Flon General Hospital,
  - Initiation of the Cardiac Care Centre at the St. Boniface General Hospital,
  - Continued redevelopment of the Health Sciences Centre Critical Services Area.

- **Implementation of a New Long Term Care Seniors' Strategy called Aging in Place** which will increase community living supports for seniors and provide alternatives to institutional care, allowing seniors to preserve their dignity, independence and health.

I would like to commend Manitoba Health and Healthy Living staff, Regional Health Authorities and health care partners whose dedication has made our achievements in 2005/06 possible. With our focus on the future, we are working to ensure that Manitobans continue to receive safe, timely, quality health care they need and value.

Respectfully submitted,

Arlene Wilgosh

Arlene Wilgosh

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# Preface/Introduction

## Report Structure

This annual Report is organized in accordance with the Department of Health and Healthy Living appropriation structure as set out in the Main Estimates of Expenditure of the Province of Manitoba for the fiscal year ending March 31, 2006. It provides information on the Department and the Manitoba Health Services Insurance Plan.

The report includes information at the Main and Sub-Appropriation levels related to the department's strategic direction, actual results, financial performance and variances. A five year adjusted historical table of staffing and expenditures is provided. In addition, expenditure and revenue variance explanations are provided.

A separate financial section includes the audited financial statements of the Manitoba Health Services Insurance Plan. Included with the financial statements is the Schedule of Payments pursuant to the provisions of *The Public Sector Compensation Disclosure Act*.

## Role and Mission

Manitoba Health and Healthy Living is a line department within the Government structure and operates under the provisions of statutes and responsibilities charged to the Minister of Health and the Minister of Healthy Living. The formal mandates contained in legislation, combined with mandates resulting from responses to emerging health and health care issues, establish a framework for the planning and delivery of services.

The stated Vision of Manitoba Health and Healthy Living is "Healthy Manitobans through a balance of prevention and care". Manitoba Health and Healthy Living leads the way to quality health care built with creativity, compassion, confidence, trust and respect, and plays a leadership role in promoting prevention and positive health practices.

It is the Mission of Manitoba Health and Healthy Living to lead a (publicly administered) health system that meets the needs of Manitobans and to promote their health and well-being. This Mission is accomplished through a structure of comprehensive functions, encompassing strategic direction, legislation, policy, guidelines, strategy and program development, funding and fiscal accountability, and direct delivery of specialized, provincial programs aimed at the provision of appropriate, effective and efficient health and health care services. Most services are delivered through Regional Health Authorities (RHAs), hospitals and other health care organizations. The Department also manages the insured benefits claims payments for residents of Manitoba related to the cost of medical, hospital, personal care, Pharmacare and other health services.

It is also the role of Manitoba Health and Healthy Living to foster innovation in the health system. This is accomplished through developing mechanisms to assess and monitor quality of care, utilization and cost effectiveness, fostering behaviours and environments which promote health, promoting responsiveness and flexibility of delivery systems, and alternative and less expensive services.

## Report Context

Manitoba Health and Healthy Living administers the most complex and publicly visible social program provided by the Government. The program is delivered partially by the department, partially through grant agencies, partially through arm's length health Authorities, and partially by independent physicians, or other service providers paid through fee-for-service or alternate means. It is a complex combination of insured benefits, services provided through public institutions ranging from community-based primary care through tertiary teaching hospitals, and publicly regulated but privately provided services such as proprietary personal care homes.

It is important to consider that many factors affect the health of Manitobans such as family history, gender, culture, education, employment, income, the environment, our coping skills and social support networks. "Health" is not merely the absence of disease. It embraces complete physical, mental and social well-being. Healthy living is about creating conditions and supporting behaviours that promote the best possible health for everyone and is a way to improve health for all Manitobans and reduce the need for health care services. It includes actions taken by individuals, families, communities, governments, businesses and other organizations that assist Manitobans to lead healthier lives.

Public demands, expectation for and perception of new and expanded services, as well as the development of emerging technologies and pharmaceuticals and escalating costs, remain as strong pressures on the system. Manitoba Health and Healthy Living while ensuring effective and efficient administration as well as good budget and deficit management, continues to address these challenges and to improve the quality of the system. In this regard, the department has undertaken activities such as:

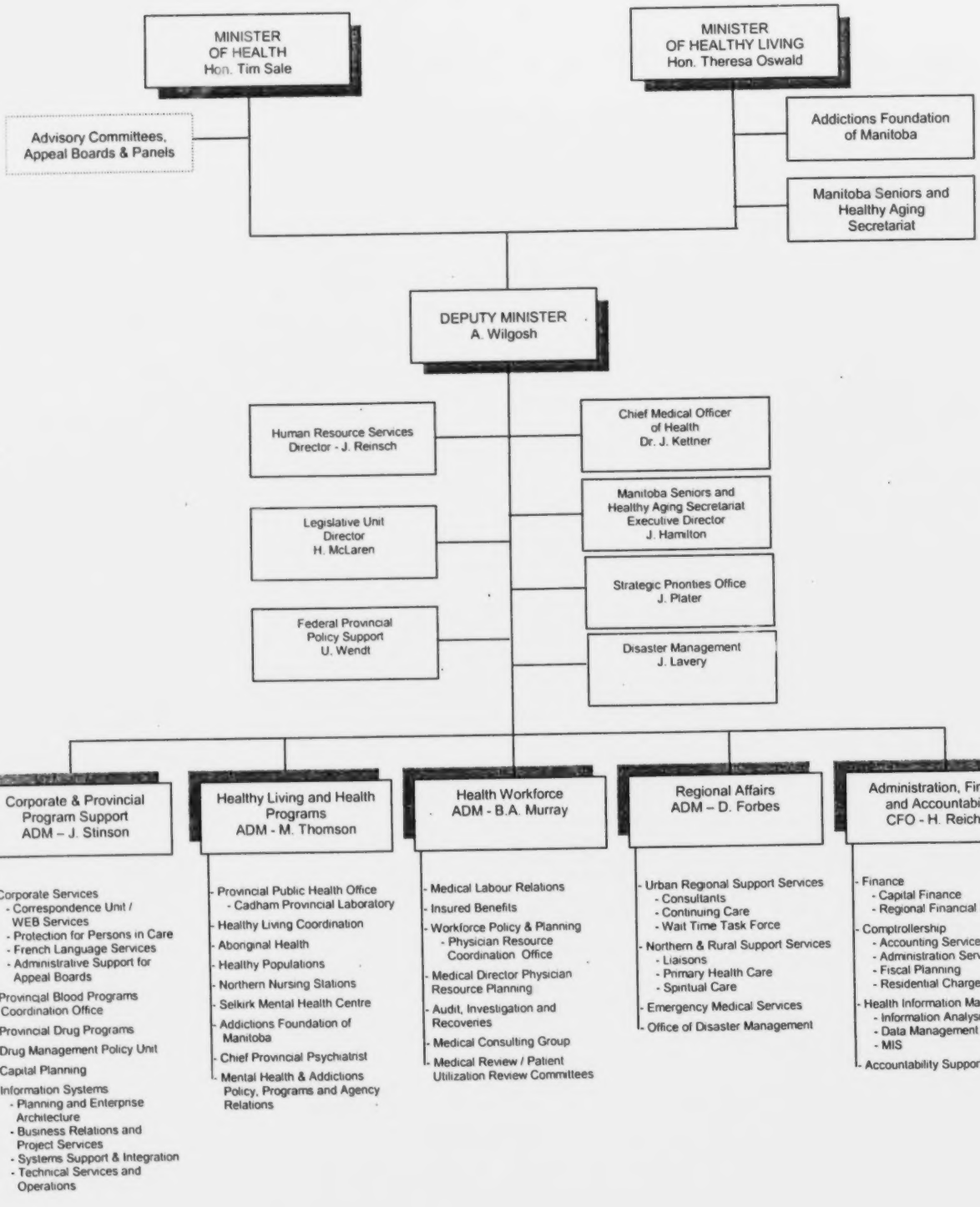
- Addressing Wait Times through various Initiatives
- Developing the Physician Resource Coordination Office
- Pandemic Planning Strategies
- Public Health Renewal and Capacity
- Developing a Drug Management Policy Unit
- E-Health Strategies
- Strategies regarding Emergency Medical Services
- Strategies regarding Long Term Care
- Developing a Physician Integrated Network
- Continuing effort on the Aboriginal Health Blue Print
- Healthy Living Priorities
  - Physical Activity
  - Healthy Eating
  - Tobacco Reduction
  - Injury Prevention and Safety
  - Healthy Sexuality
  - Chronic Disease Prevention/Reduction
  - Mental Health Promotion and substance abuse reduction

Through dynamic times, Manitoba Health and Healthy Living continues to address improving the quality of the health care system, focusing on healthy living, enhancing system wide performance reporting, strengthening fiscal management, and thus strengthening accountability in the system.

## Organization

During 2005/06, Manitoba Health and Healthy Living was reorganized to reflect the Department's objectives to create a structure which would better meet the health care needs of Manitobans. This annual report is organized in accordance with the Department's appropriation structure which reflects the organization chart at the beginning of the year dated April 1, 2005.

# DEPARTMENT OF HEALTH AND HEALTHY LIVING
# ORGANIZATION CHART
## EFFECTIVE MARCH 31, 2006



# Administration, Finance and Accountability

## Ministers' Salaries

Provides the Ministers of Health and Healthy Living with the additional compensation to which individuals appointed to the Executive Council are entitled.

**The objectives were:**

- To provide leadership and policy direction for the renewal of the health care system and the delivery of a comprehensive range of health and health care services for Manitobans.
- To provide leadership and policy direction in the development of a comprehensive approach to enhance and improve the health and wellness of Manitobans with particular emphasis on healthy living.

**The expected and actual results for 2005/06 included:**

1. Achievement of the goals and strategic priorities established by the Premier and Cabinet regarding the direction of healthy living and health care for Manitobans.
2. Development and evaluation of alternative health care strategies that meet the challenges for health and health care in Manitoba.
3. Development and evaluation of healthy living strategies that meet the challenges for health improvement and wellness in Manitoba.
4. Broadly based partnerships through extensive consultation.

**1(a) Ministers' Salaries**

| Expenditures by Sub-Appropriation | Actual 2005/06 $(000's) | FTE | Estimate 2005/06 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 59.4 | 2.00 | 58.8 | 0.6 | |
| Other Expenditures | | | | | |
| **Total Sub-Appropriation** | **59.4** | **2.00** | **58.8** | **0.6** | |

## Executive Support

Executive Support provides for the operation of the offices of the Minister of Health and the Minister of Healthy Living, and the Deputy Minister of Health and Healthy Living.

The purpose of the Executive Support is to advise the Ministers on all policy and program matters related to the Department; provide executive leadership, direction, and administration of the activities of the Department to meet government policy objectives; and provide administrative support for the offices of the Ministers and Deputy Minister.

**The objectives were:**

- To provide support to the Minister of Health and Minister of Healthy Living through strategic direction in management, policy development, program determination and administration to protect, preserve and promote the health of all Manitobans.
- To lead the way to a health system that is respected for its ability to improve health and well-being among Manitobans, and provide quality health care in a cost effective, sustainable and equitable manner.
- To empower Manitobans through knowledge, choices and access to the best possible health resources.
- To build partnerships and alliances for health and supportive communities.

**The expected and actual results for 2005/06 included:**

1. Implementation of health system renewal strategies and initiatives.
2. Efficient management of provincial health care resources.
3. Effective program strategies for responding to the challenges of healthy living and health care in Manitoba.
4. Specific policy initiatives to address emerging health care issues.
5. Refinement of the provincial plan for health delivery.
6. Improvement in departmental and system-wide management practices.

**1(b) Executive Support**

| Expenditures by Sub-Appropriation | Actual 2005/06 $(000's) | FTE | Estimate 2005/06 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 1,108.7 | 17.00 | 980.0 | 128.7 | |
| Other Expenditures | 207.4 | | 233.7 | (26.3) | |
| **Total Sub-Appropriation** | **1,316.1** | **17.00** | **1,213.7** | **102.4** | |

## Finance

Finance is responsible for the managing of the internal financial affairs of Manitoba Health and Healthy Living including the Manitoba Health Services Insurance Plan and coordinating administrative support services to meet departmental operating requirements.

Finance is also responsible for providing a fair and equitable distribution of available funds for RHAs and other funded agencies in accordance with government priorities, through the review, recommendation and approval of RHA Health Plan submissions, budget allocations and monitoring of financial, statistical and operational results.

Finance also provides financial support and analysis to the department overall, and provides consultation, analytical services and support to internal and external clients as it relates to existing, new and expanded programs.

Finance provides information management and statistical services in support of the programs of Manitoba Health and Healthy Living, the RHAs, agencies, researchers and the general public. It also provides leadership and coordination of health research related activities including support to the Health Information Privacy Committee under *The Personal Health Information Act (PHIA)*.

**Finance is composed of the following:**

**Comptrollership**

**The objectives were:**

- To provide a complete identification and fair allocation of both tangible and fiscal resources, and through monitoring and reporting, ensure the effective and efficient use of those resources in accordance with government priorities.
- To ensure timely, accurate and consistent financial reporting from departmental programs, RHAs and external agencies.

**The expected and actual results for 2005/06 included:**

1. Relevant budgets for departmental programs, RHAs and external agencies consistent with the established priorities of the Department.
    - Based on Departmental priorities and established guidelines and policies, Manitoba Health and Healthy Living was able to effectively and efficiently utilize the tangible and fiscal resources of the department to provide relevant budgets to departmental programs, RHAs and external agencies.

2. Timely and accurate preparation of the Estimates, Supplementary Information for Legislative Review, Annual Report, Quarterly Financial reports and other financial reports or documents.
   - Estimates, Supplementary Information for Legislative Review, Quarterly Financial reports, the Annual Report and other financial reports or documents were prepared in accordance with Legislative Requirements, Treasury Board and senior management requirements within established deadlines.

3. Timely accurate information to government on the fiscal status of Manitoba Health and Healthy Living.
   - Monthly and Quarterly Financial reports, the Annual Report and other financial reports or documents on the fiscal status of Manitoba Health and Healthy Living were prepared in a timely manner for Treasury Board and senior management.

### Regional Financial Support and Capital Finance

**The objectives were:**

- To provide support, consultation and analysis to departmental programs, RHAs and agencies in order to ensure a common understanding of reporting requirements and methodologies.
- To steward a process that enables Manitoba Health and Healthy Living to set expectations and assess results of RHAs, CCMB, Addictions Foundation of Manitoba (AFM) and other health organizations.

**The expected and actual results for 2005/06 included:**

1. Economical financing of both capital construction and equipment purchases.
   - Manitoba Health and Healthy Living ensured that competitive interest rates were being obtained on outstanding and new borrowing commitments with tenders going to all financial institutions for specific project approvals where required.

2. A common understanding between RHAs, CCMB, AFM and Manitoba Health and Healthy Living regarding the expectations around provincial priorities and related measures.
   - To facilitate a common understanding between Manitoba Health and Healthy Living and all RHAs, CCMB, and AFM, the Department provided an annual funding letter and annual funding policy to these entities. These documents outlined funding levels and parameters regarding how this funding could be expended. Manitoba Health and Healthy Living also required monthly financial reports from these entities throughout the fiscal year to monitor year to date results and forecasts.

### Health Information Management

**The objectives were:**

- To provide the necessary data infrastructure to enable data access, analysis, interpretation, and research, including policy and methodological frameworks, standards and processes.
- To provide analysis and interpretation of health information to inform and support the strategic functions of Manitoba Health and Healthy Living.
- To ensure timely, accurate, and consistent financial and statistical reporting from the RHAs using the Management Information System (MIS) and to provide access to MIS reports for the Department to use in the monitoring and management of the health care system.
- To provide leadership and coordination of health research related activities.

**The expected and actual results for 2005/06 included:**

1. Departmental policies and standards in place for the collection, use and disclosure of health information in accordance with *The Personal Health Information Act* (PHIA).
   - Developed policies and procedures for the use of data for health research.
   - Provided input to the review of PHIA.
   - Ongoing monitoring of compliance with privacy and security policies.
   - Oversaw an initiative to improve Manitoba Health and Healthy Living's electronic filing practices.

2. Access by Manitoba Health and Healthy Living programs to data, interpretation and analysis services to support their operational, planning, evaluation, and research needs.
   - Produced the Annual Statistics Report and Annual Population Report.
   - Provided data and analyses required for the Report of the Manitoba Health Ministerial Working Group on Maternal and Newborn Care.
   - Produced dozens of standard reports for the RHAs and others.
   - Provided data to support the weekly and monthly statistical reporting on the Manitoba Health and Healthy Living web site.
   - Responded to hundreds of ad hoc data requests from within Manitoba Health and Healthy Living, the RHAs, external agencies, researchers and the general public.
   - Provided data and statistical support to the Medical Review Committee, Patient Utilization Review Committee, and The College of Physicians and Surgeons standards committees.
   - Verified data to support regional, provincial and national indicator reporting initiatives including those of the Canadian Institute for Health Information, and Statistics Canada.
   - Produced special analysis and briefings related to health data and research publications.
   - Developed new datasets and reports to support departmental priorities.
   - Participated in provincial and national health indicator related committees and initiatives.

3. Access by RHAs, researchers, and others to health care data and statistics.
   - Transferred responsibility for the system that supports financial and statistical reporting by RHAs to the Health Information branch.
   - Provided coordination and support to the implementation of ICD-10 across Manitoba hospitals.
   - Continued development and maintenance of hundreds of databases to support internal and third party information requirements.
   - Participated in key health information system development initiatives within Manitoba Health and Healthy Living.
   - Provided health records consultation to the RHAs within Manitoba.
   - Participated in provincial and national committees and workgroups.

4. Coordinated approach by Manitoba Health and Healthy Living to health research.
   - Provided expert data and administrative support to the Health Information Privacy Committee established under PHIA.
   - Continued implementation of the bilateral agreement with the Canadian Institute for Health Information.
   - Provided ongoing coordination and support to the contractual relationship between Manitoba Health and Healthy Living and the Manitoba Centre for Health Policy.
   - Participated in the review of researcher applications to the Canada Foundation for Innovation and other research funds.
   - Undertook partnership activities related to health services research and research training in accordance with the agreement with the Canadian Health Services Research Foundation.
   - Participated as a member of the Board of the Manitoba Health Research Council.

**1(c) Finance**

| Expenditures by Sub-Appropriation | Actual 2005/06 $(000's) | FTE | Estimate 2005/06 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 3,871.7 | 68.00 | 3,971.9 | (100.2) | |
| Other Expenditures | 1,274.4 | | 1,187.7 | 86.7 | |
| **Total Sub-Appropriation** | **5,146.1** | **68.00** | **5,159.6** | **(13.5)** | |

# Central Services

Central Services is responsible for leadership, advice and support to the Department with a focus on human resource management, legislation development, and strategic policy advice on federal, inter-provincial, inter-jurisdictional and other issues.

## Central Services is composed of the following:

### Human Resources

### The objectives were:

- To provide leadership, advice and support to the Department with a focus on human resource management.

### The expected and actual results for 2005/06 included:

1. Fair and consistent human resource services provided in accordance with Civil Service Commission policies and standards.
   - A total of 166 permanent and temporary employees were recruited to fill vacant positions.
   - Continued efforts to develop and implement strategies to increase Diversity and Employment Equity, including establishing and leading a Diversity Committee charged with developing a department-wide strategy. Slight increase in representation of Aboriginal peoples and persons with disabilities within the department.
   - Provided support and guidance in recruitment to difficult to fill positions such as Medical Officers, Pharmacists and Epidemiologists.
   - Participated in bargaining with the Manitoba Government and General Employees Union.
   - Provided support to management in labour/management dispute hearings.
   - Provided advice and guidance to management in resolving many labour relations issues prior to formal grievances occurring, and ongoing consultation on day-to-day management/employee issues.

2. Timely and accurate pay and benefit administration provided to the Department's civil service employees and Manitoba Support Service employees.
   - Forty-five positions were reclassified.
   - There were 1,992 civil service SAP events processed.
   - Provided data maintenance, advice and guidance to employees on pay and benefits information.

3. Human resource programs meet the current and future demographic and organizational needs of the Department.
   - Provided leadership in the coordination of internal succession management strategies including the PORTAL initiative and Leadership Development training.
   - Leadership Development training was provided to 36 supervisors and managers, and training for 20 non-supervisory staff developed.
   - In collaboration with the Civil Service Commission, facilitated two placements from the Aboriginal Management Development Program, one from each of the Aboriginal Public Administration Program, Career Gateway Program for Members of Visible Minorities, and Management Internship Program, and two from the Volunteers in Public Service Program for Immigrant Professionals.
   - Completed role profiles for clerical/administration, supervisory, middle management and analytical occupational groups.
   - Continued Position Planning exercise for "at risk" positions.
   - Continued to co-chair Department Renewal Committee in the development and communication of a new departmental strategy.
   - Provided leadership in the development of a Wellness Strategy.
   - Delivered three Corporate Learning sessions with broad staff participation.

## Legislative Unit

### The objectives were:

- To provide leadership, advice and support to the Department with legislation development.

### The expected and actual results for 2005/06 included:

1. Development and coordination of statutes and regulations that provide a sound legislative base for meeting the mission of the Department.

Legislative Proposals:

- There were 11 health and health related statutes amended, enacted or proclaimed as follows (details outlined in Appendix II):
  - *The Manitoba Council on Aging Act* (Bill 8)
  - *The Emergency Measures Amendment Act* (Bill 15)
  - *The Regional Health Authorities Amendment and Manitoba Evidence Amendment Act* (Bill 17)
  - *The Workplace Safety and Health Amendment Act* (Needles in Medical Workplaces) (Bill 23)
  - *The Health Services Insurance Amendment and Prescription Drugs Cost Assistance Amendment Act* (Bill 42)
  - *The Regulated Health Professions Statutes Amendment Act* (Bill 43)
  - *The Statutes Correction and Minor Amendments Act* (Bill 50)
  - *The Medical Amendment Act* (Bill 207)
  - *The Dental Hygienists Act* (Bill 5)
  - *The Dental Association Amendment Act* (Bill 6)
  - *The Occupational Therapists Act - S.M. 2002 Chapter c.05* - (Proclaimed December 15, 2005)

Regulatory Amendments:

- Assisted in the development of 35 required regulation amendments under various health related legislation (see Appendix II for details).

Information Services:

- Provided information to health professionals, RHAs and students on legislation and the legislative process.

*The Personal Health Information Act* (PHIA):

- The PHIA Review Steering Committee, with Government and external representatives, was established in 2002. PHIA requires the Minister of Health to undertake a comprehensive and public review of the legislation. The PHIA Review Steering Committee reviewed feedback received during the public consultation process, and will be proposing amendments to the Act. Recommendations for amendments are currently under review within government. http://www.gov.mb.ca/health/phia/index.html

*The Freedom of Information and Protection of Privacy Act* (FIPPA):

- There were 137 responses to FIPPA requests for information.

The College of Medical Laboratory Technologists of Manitoba Transitional Council (MLTMTC):

- The College of MLTMTC was established in 2003. The MLTMTC is moving forward with its mandate of transitioning to a College of Medical Laboratory Technologists of Manitoba. The Transitional Council has appointed a Registrar and commenced the registration process. It is anticipated that the College will commence its operations in 2006.

The Dental Hygienists of Manitoba Transitional Council:

- The Dental Hygienists of Manitoba Transitional Council was established in June, 2006 to get the new College of Dental Hygienists of Manitoba up and running.

2. Development and implementation of the Department's annual legislative agenda in accordance with Government processes and timelines.
   - This was met as outlined above.

3. Accurate and timely information provided to internal and external clients regarding legislation and the legislative process.
   - Accurate and timely information was provided.

### Federal Provincial/Policy Support

**The objectives were:**

- To provide leadership, advice and support to the Department on federal, inter-provincial, inter-jurisdictional and other issues.

**The expected and actual results for 2005/06 included:**

1. Manitoba's interests and objectives are pursued in federal/provincial discussions.
   - Manitoba achieved its goals in the development of a National Pharmacare Strategy, appropriate wait-list benchmarks, national public health goals, a chronic disease strategy and similar national policy issues.

**1(d) Central Services**

| Expenditures by Sub-Appropriation | Actual 2005/06 $(000's) | FTE | Estimate 2005/06 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 1,801.8 | 32.00 | 1,934.6 | (132.8) | |
| Other Expenditures | 285.9 | | 291.7 | (5.8) | |
| External Agencies | 90.8 | | 131.7 | (40.9) | |
| **Total Sub-Appropriation** | **2,178.5** | **32.00** | **2,358.0** | **(179.5)** | |

## Policy, Planning and Program Support

Policy, Planning and Program Support was renamed to Corporate and Provincial Program Support. It provides leadership and support to internal and external clients with a focus on policy and planning regarding the health system in Manitoba, information systems, and performance deliverables. In addition, provides leadership to the Protection for Persons in Care Office, and administrative support for the operations of the Mental Health Review Board, the Manitoba Health Appeal Board, and the Appeal Panel for Home Care.

## Administration

**The objectives were:**

- To provide strategic leadership and solutions to support the objectives and priorities of Manitoba's health care systems, with a focus on policy, planning, information system technology, correspondence and information resources.

**The expected and actual results for 2005/06 included:**

1. Timely information will be provided to internal and external clients regarding policy issues, data access analyses and correspondence.
   - Provided timely responses for Ministerial correspondence.
   - Provided a centralized service for responding to correspondence and "issues of the day".
   - Assisted in the internal dissemination of information through the coordination and production of the Minister's Housebook.
   - Provided a quarterly report of "issues of the day".

- Implemented a website for health authorities for applicable Manitoba Health and Healthy Living policies.
- Coordinated information for the preliminary draft of the Manitoba Health Info Guide.
- Established a communication process for sharing information and status of patient safety initiatives with health authorities and the Department.

2. Departmental awareness of issues and research taking place as it relates to health and health care.
   - Provided staff with an overview of each of the five Manitoba Centre for Health Policy (MCHP) health care related research reports completed annually for Manitoba Health and Healthy Living.
   - Created a link on the Manitoba Health and Healthy Living Website to the MCHP website.
   - Completed environmental scans on various health care issues, such as patient safety and emerging issues in health care.
   - Acted as Departmental lead on creation of the Manitoba Institute for Patient Safety (MIPS).
   - Acted as Department liaison with MIPS.
   - Authored a patient safety article for Healthcare Quarterly entitled: "From Inquest to Insight". The article related improvements in the health care system since the Sinclair Inquest.
   - Presented at the International Quality of Care Conference on the topic, "Advancing Quality in the Name of Patient Safety – A Manitoba Approach".
   - Represented the Department as a premier member of MIPS.

**2(a) Administration**

| Expenditures by Sub-Appropriation | Actual 2005/06 $(000's) | FTE | Estimate 2005/06 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 202.5 | 3.00 | 227.8 | (25.3) | |
| Other Expenditures | 47.3 | - | 34.1 | 13.2 | |
| **Total Sub-Appropriation** | **249.8** | **3.00** | **261.9** | **(12.1)** | |

## Information Systems

Information Systems is responsible for providing strategic, tactical, and operational information systems and information technology leadership and solutions to support the objectives and priorities of Manitoba's health care system. Information Systems continues to provide consultative services on information systems initiatives involving the Department, other government agencies, RHAs, health care facilities, health care associations, and other providers of health care services. Information Systems coordinates and aligns federal, provincial, health sector, inter-sector and department projects.

### The objectives were:

- To provide strategic leadership and solutions to support the objectives and priorities of Manitoba's health care system.
- To coordinate and align federal, provincial, health sector, inter-sector and department projects with the priorities of the Department.
- To provide management information and operational information systems to improve the efficiency of program delivery.

### The expected and actual results for 2005/06 included:

1. Accessible necessary data and information for staff in order to achieve corporate goals and objectives.
   - The Information Systems Branch continued to facilitate the provision of data to both internal and external organizations for the purposes of decision support and the effective management of health information.

2. *The Personal Health Information Act* (PHIA) compliant systems.
   - Manitoba is actively involved in Canada Health Infoway's Electronic Health Record Standards Collaboration Process. Manitoba Health and Healthy Living, in partnership with other publicly funded health sector organizations represents the provincial health sector's requirements in the area of information standards and is represented on Infoway's Standards Steering Committee, Standards Advisory Committee and on the Pan-Canadian Standards Working Groups including iEHR, Client Registry, Provider Registry, Diagnostic Services, Clinical Terminology Integration, Laboratory and Public Health Surveillance.

3. Effective electronic data interchange between the Department and health care providers.
   - Coordinated and facilitated the continued expansion of network connectivity within Manitoba's health sector, utilizing and effecting improvements in Manitoba's Provincial Data Network.

4. A health information technology infrastructure which provides appropriate, timely and accurate information to enhance the delivery of health care services in the Province of Manitoba.
   - Working collaboratively with the western provinces, the Information Systems Branch and the Public Health Branch successfully secured funding from Health Canada for a "Western Canada Chronic Disease Management Infostructure". The Chronic Disease Management System will use standard data definitions developed and adopted collectively by the western provinces.
   - Manitoba implemented the most current release of the Provider Registry System (version 4.0) into production. Manitoba continues to engage professional associations to source data to the Provider Registry System.
   - Actively collaborated with Infoway on the identification of and agreement on four Manitoba priority program areas for which Infoway will consider strategic investment. These priorities include Registries (client, provider and location), Diagnostic Imaging / Picture Archive and Communications Systems (DI/PACS), Infostructure and Laboratory systems.
   - Began implementation of the provincial Client Registry system which will be used to uniquely identify all individuals receiving health care services in Manitoba.
   - Completed detailed planning for Provincial DI/PACS and received approval to proceed with implementation.
   - Collaborated with the Public Health Branch and Infoway on preliminary planning for Manitoba participation in the Pan Canadian Electronic Public Health Surveillance project.

5. Upgrades and functional changes to existing systems are completed in a timely fashion, in priority sequence, and in accordance with business rules provided.
   - Provincial Drug Viewer now rolled out to all hospital emergency and admitting departments, replacing the old Drug Programs Information Network ER system.
   - Deployed the Provincial Health Insurance Registry viewer to all hospitals.
   - Rolled out current technology for electronic claims exchange with the majority of health practitioners.
   - Deployed an updated version of the electronic file exchange of in-patient and day surgery encounters in hospitals.
   - Currently re-engineering the Provincial Insurance Registry application to a web-based system.
   - Planned the creation of a new program to centrally undertake the planning and strategy development, operational service delivery and financial accountability for provincial ICT initiatives, and in particular those that contribute to the development of an electronic health record.

**2(b) Information Systems**

| Expenditures by Sub-Appropriation | Actual 2005/06 $(000's) | FTE | Estimate 2005/06 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 4,189.2 | 62.90 | 4,169.2 | 20.0 | |
| Other Expenditures | 1,267.7 | | 912.9 | 354.8 | |
| Provincial Program Support Cost | 3,457.4 | | 3,943.5 | (486.1) | |
| External Agencies | 37.7 | | 426.2 | (388.5) | |
| **Total Sub-Appropriation** | **8,952.0** | **62.90** | **9,451.8** | **(499.8)** | |

# Provincial Drug Programs

Provincial Drug Programs is responsible for the administration of four distinct and separate drug benefit programs for Manitobans: Manitoba Pharmacare, Employment and Income Assistance participants, residents of personal care homes, and the Palliative Care Drug Access Program. It also administers a program that provides funding assistance for devices to help Manitobans with physical disabilities. Provincial Drug Programs does not include drug expenditures for hospital and personal care home in-patients.

## The objectives were:

- To administer drug programs which provide access to Insured Benefits as prescribed by *The Health Services Insurance Act*, *The Prescription Drugs Cost Assistance Act*, and *The Pharmaceutical Act* for the benefit of Manitobans.
- To provide funding assistance to persons of all ages who have physical disabilities and require devices in order to improve their ability to function, as prescribed under *The Health Services Insurance Act*.

## The expected and actual results for 2005/06 included:

1. Consistent customer focused service is provided.
   - Maintained a staff of 42 people, of which specialized staff members focused daily on providing current information to the public – either by phone, fax, internet or mail.
   - Ensured professional staff were available during normal working hours to deal with public and professional issues.

2. Manitobans are aware of and are receiving benefits to which they are entitled.
   - Forwarded correspondence to over 150,000 families to provide current information regarding Pharmacare benefit status.
   - Provided application packages to every pharmacy in Manitoba as well as any individual requesting information through dedicated public help telephone lines. Similar information was also made available on the Government website.

3. Continuous evaluation of work processes to improve effectiveness and efficiency of the program.
   - Hired an additional data analyst to provide further management tools for program evaluation.
   - Created a system analyst position to help evaluate program workings.

4. Proactive opportunity assessment and timely risk resolution.
   - Developed an audit function to assist in reviewing issues and risks identified in the Provincial Drug Programs.

5. A streamlined drug review process to ensure ongoing access to cost-effective medications.
   - Participated in the Common Drug Review, a common review process for new drugs, to reduce duplication of effort among provincial, territorial and federal jurisdictions.

6. The addition of new drug benefits to *The Prescription Drug Costs Assistance Act*.
   - Held three meetings with the Manitoba Drug Standards and Therapeutics Committee, an expert committee of physicians and pharmacists who made recommendations on drugs to be added to the Pharmacare Benefit list.

**2(c) Provincial Drug Programs**

| Expenditures by Sub-Appropriation | Actual 2005/06 $(000's) | FTE | Estimate 2005/06 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 2,015.4 | 42.00 | 2,035.0 | (19.6) | |
| Other Expenditures | 529.3 | | 653.4 | (124.1) | |
| **Total Sub-Appropriation** | **2,544.7** | **42.00** | **2,688.4** | **(143.7)** | |

# Policy and Planning

The role of Policy and Planning is to emphasize longer range strategic planning for Manitoba's health system and responsiveness to emerging health issues, and to support the Department in achieving its goal – a quality, evidence-based, people centered, accountable and sustainable healthcare system.

**Policy and Planning is composed of the following:**

**Administrative Services**

**The objectives were:**

- To coordinate strategic priorities for the health system.
- To undertake ongoing environmental scans for the identification of emerging issues, risks, opportunities and best practices related to the health system.
- To develop strategies, positions, policies, guidelines and planning documents for the health system.
- To ensure that the unique attributes and needs of identified priority populations and programs are reflected in planning and policy development within the Department.
- To facilitate change in the healthcare system through planned change management activities.
- To provide for the operations of the Manitoba Health Appeal Board, Mental Health Review Board, and the Appeal Panel for Home Care.

**The expected and actual results for 2005/06 included:**

1. A Departmental strategic plan.
   - Initiated the 2005 Manitoba Health Mission, Vision, and Goals statements now located on the Manitoba Health and Healthy Living Intranet site.
   - Communicated the Manitoba Health Mission, Vision and Goals for the healthcare system to the health authorities to guide them in their strategic health planning.

2. Evidence-based policies for the health sector that reflect concerns of priority populations.
   - Developed policies that reflect an improved quality of life in personal care homes. These policies will increase community living supports for seniors and will provide alternatives to institutional living.
   - Initiated a draft discussion paper entitled, "Manitoba Health's Strategic Directions for Emerging Issues in Health Care". This paper provided current information on emerging issues for health care planning purposes.

3. Strong working relationships with external stakeholders in the development of policy.
   - Represented the Department as a member of the RHA Quality and Risk Management Network, a forum where collaboration on policies and policy issues occurs on a regular basis.

4. A provincial Patient Safety Strategic Plan.
   - Developed a Provincial Patient Safety Strategy in consultation with the RHA Quality and Risk Management Network. This document is currently on the Manitoba Health and Healthy Living Intranet and the Manitoba Health and Healthy Living policy website for health authorities.

5. A provincial Long-Term Care Strategy.
   - Initiated the Long Term Care Provincial Strategy which supports the principle of Aging in Place by addressing the need for affordable options for housing-with-supports as alternatives to premature personal care home placement. The strategy addresses the gap between the individual living at home receiving Home Care and the person moving into a personal care home. These community-based, housing-with-support options increase the opportunity for an individual to remain in the community or "age in place". Aging in Place will allow Manitobans to contribute to the social, civic and economic life of the community.

6. A province-wide expansion of the Supportive Living continuum.
   - Developed a Long Term Care Strategy with the goal of modernizing the Supportive Living continuum. As part of the Supportive Living continuum, three component models have been identified:
     - Supports to Seniors in Group Living – target population are seniors who do not require twenty-four hour support and supervision.
     - Supportive Housing – target population are individuals who require twenty-four hour support and supervision.
     - Specialized Supports – target population are individuals with complex health and personal care needs who require special supports to live in the community.

7. Updated Manitoba Health and Healthy Living policies that address the changing needs of Manitobans.
   - Initiated a regular review and revision process for Manitoba Health and Healthy Living policies.
   - Acted as a resource to Department branches on policy initiation, review/revision, and placement of policy on the Manitoba Health and Healthy Living Intranet and policy website for RHAs.

8. Enhanced communication between the health care community, the community at large and the Minister.
   - Coordinated the departmental planning for the Manitoba Centre for Health Policy/Manitoba Health Day for the Department.
   - Initiated a draft for the "Program and Benefits Information Facts Sheets" initiative.
   - Provided written response to the Auditor General on departmental policy.

9. Patients/families/physicians have the opportunity to make appeals.
   - Legislation, policies and processes were in place for the public, patients, families, and physicians to enable them to make appeals to the Manitoba Health Appeal Board, the Appeal Panel for Home Care, and the Mental Health Review Board.

10. Consistent application of processes for program evaluation projects.
    - Analyzed and monitored the Protection for Persons in Care Office statistics quarterly.
    - Analyzed Appeal Board's annual statistics.

11. Demonstrated use of program evaluation and monitoring tools and processes.
    - Monitored programs on an ongoing basis in the Long Term Care strategy through quarterly reporting.
    - Received annual reports from the Appeal Boards.
    - Received quarterly reports on "Issues of the Day" processes.

12. Specific evaluation components are evident in the Departmental Strategic Plan.
    - Linkage between Manitoba Health Goals and the RHAs Health Plan submissions was assessed.

13. Integrated risk management policies/processes in place.
    - The Department has begun to explore Organization Wide Risk Management. Activities have been delayed, awaiting formal communication from the Department of Finance.
    - A Manitoba Health Integrated Risk Management Strategy Policy for RHAs is in place.
    - Assessed the implementation status of RHAs Integrated Risk Management Strategy plans as per Manitoba Health and Healthy Living policy.

## Protection for Persons in Care Office

### The objectives were:

- In collaboration with internal and external stakeholders, lead the improvement of accountability in Manitoba's health system with a focus on protection for persons in care.

### The expected and actual results for 2005/06 included:

1. Consistent application of processes for program evaluation projects.
   - Improved internal processes related to allegations of abuse, intake calls, and case management to ensure consistent application and compliance with established policy, standards and procedures within the Protection for Persons in Care Office (PPCO).

2. Demonstrated use of program evaluation and monitoring tools and processes.
   - Refined existing audit processes and implemented same.

3. Specific evaluation components are evident in the Departmental Strategic Plan.
   - Evaluation criteria were used to evaluate RHAs health plan linkage to Manitoba Health Goals.

4. Integrated risk management policies/processes in place.
   - Educated stakeholders as part of the presentation team for Bill 17 on the differences between critical incident reporting and abuse reporting.
   - A Manitoba Health Integrated Risk Management Strategy Policy for RHAs is located on the Manitoba Health and Healthy Living website and the policy website for RHAs.

5. Timely and effective responses to ministerial inquiries and requests for information.
   - All timelines for information requested were met.

6. Timely and effective inquiry/investigation of allegations of abuse occurring in health care facilities.
   - The PPCO consistently responded to all complaints within one working day. Investigations were completed well in advance of the established 30-day deadline.

7. Improved awareness of health care facilities and the general public of how to identify and prevent abuse.
   - The PPCO tripled the number of education sessions given to facilities over the past year. To improve awareness of the PPCO to Aboriginal citizens and care providers, the PPCO brochures and posters have been translated into Cree, Cree Syllabics, Ojibwaye, and Ojibwe Syllabics. This information has been distributed to the RHAs, Aboriginal agencies (government and private sector) throughout the province.

8. Positive feedback from internal and external clients regarding accessibility to and nature of web information.
   - Positive feedback received from Manitoba Health Web Services indicated that out of 8,500 Manitoba Health and Healthy Living web pages, the PPCO is rated eighty-sixth in frequency of visits to the website.

**2(d) Policy and Planning**

| Expenditures by Sub-Appropriation | Actual 2005/06 $(000's) | FTE | Estimate 2005/06 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 2,155.6 | 36.85 | 2,202.8 | (47.2) | |
| Other Expenditures | 1,108.7 | | 1,239.6 | (130.9) | |
| External Agencies | 518.8 | | 518.8 | | |
| **Total Sub-Appropriation** | **3,783.1** | **36.85** | **3,961.2** | **(178.1)** | |

## Manitoba Centre for Health Policy

Provides funding to the Manitoba Centre for Health Policy for population health studies.

### The objectives were:

- To provide funding for policy evaluation and research initiatives.

### The expected and actual results for 2005/06 included:

1. The Centre will undertake five major studies for Manitoba Health and Healthy Living that provides an analysis and assessment of priority health issues in Manitoba.
   - Deliverables were:
     - Analyzing the Urgent Care and Emergency Room datasets of Winnipeg.
     - The Costs of Hospital Care: Updating of the Manitoba Management Information System dataset.
     - Development of Composite Measures/Indices of Health and Health System Performance,
     - Dynamic Physician Resource Projection Model.
     - Next Steps in the Provincial Evaluation of the BabyFirst Program: Measuring Early Impacts on Outcomes Associated with Child Maltreatment.

   The reports arising from the deliverables are expected to be completed in the 2006/07 fiscal year or later.

**2(e) Manitoba Centre for Health Policy**

| Expenditures by Sub-Appropriation | Actual 2005/06 $(000's) | FTE | Estimate 2005/06 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Other Expenditures | | | | - | |
| Manitoba Centre for Health Policy | 1,850.0 | | 1,850.0 | - | |
| **Total Sub-Appropriation** | **1,850.0** | | **1,850.0** | - | |

## Appeal Boards

### Mental Health Review Board

The Mental Health Review Board is a quasi-judicial body established under *The Mental Health Act* which hears appeals regarding specified aspects of the admission or treatment of a patient in a psychiatric facility.

### The objectives were:

- To provide and administer an appeal process for the admission or treatment of a patient in a psychiatric facility.

### The expected and actual results for 2005/06 included:

1. Enhanced communication between the health care community, the community at large and the Minister.
   - Well administered hearings and quality decisions service the health care community, the community at large and confers credibility to the Board and draws confidence in the justice system in general.

2. Patients/families/physicians have the opportunity to make appeals.
   - Processed 195 applications and adjudicated 50 hearings. Most appeals involved individuals who were committed involuntarily to a psychiatric facility and therefore deprived of their personal liberty and freedom. Patients had the opportunity to be represented by legal counsel or an advocate.

3. Timely, fair and impartial adjudication of appeals.
   - All hearings were heard within the "21-day Regulation" of *The Mental Health Act*. The Board members, having familiarized themselves with the law as it evolves, apply the specific provisions of the law by gathering and hearing all relevant information.

4. Independent decisions rendered and rationale for decisions provided.
   - The Decision/Order of the Board were provided within two working days following the hearing and the Reasons for Decision, which are usually lengthy, were provided within a week of the hearing.

5. Uniform application of criteria and policies throughout the province.
   - The Board followed the Board's Order of Procedures and Order of Evidence proceedings common to all courts in every appeal hearing. Every effort is made to assist patients as much as possible in comprehending the process in which they are involved.

### Manitoba Health Appeal Board

The Manitoba Health Appeal Board is a quasi-judicial body which hears appeals as specified under *The Health Services Insurance Act*, *The Ambulance Services Act* and *The Mental Health Act*, and serves as a link between the Ministers, the health care community and the community at large.

### The objectives were:

- To fulfill the Manitoba Health Appeal Board's mandate as set out in *The Health Services Insurance Act* including the performance of appeal adjudication and advisory functions.

### The expected and actual results for 2005/06 included:

1. Enhanced communication between the health care community, the community at large and the Minister.
   - The Board, through verbal and written communication, advised Manitoba Health and Healthy Living representatives and the Minister of Health and the Minister of Healthy Living of issues raised by appellants in appeal hearings.

2. Patients/families/physicians have the opportunity to make appeals.
   - Heard appeals from a wide variety of appellants including Long Term Care Residents and/or their families, the Public Trustee, and individuals with Hepatitis C. Legal Counsel, physicians and/or advocates also had an opportunity to act either as representatives or as witnesses during appeal hearings.

3. Timely, fair and impartial adjudication of appeals.
   - All appeal decisions were made in-camera after reviewing written evidence and hearing oral evidence. Staff remained at arms-length from both appellants and/or respondents and did not provide specific advice on ways to prepare for appeals.

4. Independent decisions rendered and rationale for decisions provided.
   - All Insured Benefits appeal decision letters identified specific reasons for the decisions made.

5. Uniform application of criteria and policies throughout the province.
   - The Board followed its standard "Rules of Procedure" in every appeal hearing, and all appellants and respondents were made aware of the rules of procedure in writing before the appeal hearings.

### Appeal Panel for Home Care

The Appeal Panel for Home Care is a non-statutory quasi-judicial body established by the Minister of Health, which hears appeals from Manitobans with respect to eligibility or level of Home Care services received, and serves as an advisory body to the Minister on policy matters related to the Home Care program.

**The objectives were:**

- To provide the public with access to an appeal process for issues related to the delivery of home care services.
- To monitor the effectiveness of program policy, identify consumer needs and forward this information to the Minister in the form of recommendations.

**The expected and actual results for 2005/06 included:**

1. Enhanced communication between the health care community, the community at large and the Minister.
   - Meetings were held with consumers/stakeholder groups on request.

2. Patients/families/physicians have the opportunity to make appeals.
   - Manitobans made 33 appeals to the Appeal Panel for Home Care.

3. Timely, fair and impartial adjudication of appeals.
   - Hearings were held within established timelines.

4. Independent decisions rendered and rationale for decisions provided.
   - Independent decision-making was maintained in keeping with the principles of fundamental justice, and rationale for decisions was provided.

5. Uniform application of criteria and policies throughout the province.
   - Uniform application of the law and enhanced communication between the health care community and the community-at-large was provided.

# Health Workforce

## Insured Benefits

Insured Benefits administers the Medical Program, Inter-Provincial Reciprocal Agreements, the Hospital Abstract Program, Out-of-Province Benefits, Audit and Investigations, the Third Party Liability Program and the Transportation Subsidy Program.

**The objectives were:**

- To provide policy direction and leadership to the Health Workforce Division and provide provincial leadership in the development of key strategic policy and program framework.
- To administer the Medical Program, Customer Service, Registration, Family Doctor Connection Program, Inter-Provincial Reciprocal Agreements, Hospital Abstract Program, Out-of-Province Benefits, and the Transportation Subsidy Program, as prescribed by *The Health Services Insurance Act* and *The Canada Health Act* for the benefit of Manitobans.

**The expected and actual results for 2005/06 included:**

1. Contribute to a sustainable health care system in Manitoba by ensuring that Manitobans are informed of and receive benefits to which they are entitled, and receive customer focused service.
   Registration and Client Services:
   - Visits to the Client Services counter increased from 127,018 in 2004/05 to 150,639 in 2005/06. Client Services handled 142,684 telephone enquiries.
   - 57,265 address changes and 117,518 Manitoba Health Registration Certificates were issued.
   - Customers who mailed in applications waited approximately two weeks to receive Manitoba Health Registration Certificates.
   - 15,132 new Registration Numbers were issued in Manitoba with 16,153 new certificates issued to 18-year-olds receiving their own individual registration numbers, and 35,660 status changes (newborns, marriages, separations and deaths) were processed.
   - The Family Doctor Connection Program handled 23,199 enquiries.
   - Achieved a time frame of 10 to15 minutes in assisting clients attending the office in person.

Medical Claims:

- Received and processed 17,482,366 physician services, 174,285 optometric services, 905,358 chiropractic services and 3,863 oral surgery services.
- Processed 230,943 services provided by Manitoba physicians to residents of other provinces for recovery of payments through the Interprovincial Reciprocal Agreement.

Out of Province Claims:

- Adjudicated 1,417 requests from Manitoba specialists for coverage of services outside of Manitoba.
- Provided $1.0 million in travel subsidies to 693 patients for 862 international and domestic trips.
- Adjudicated 6,083 physician claims, 2,620 out-patient visits and 1,920 in-patient days for emergency care outside of Canada.
- Paid $8.8 million to other provinces and territories in accordance with the Interprovincial Reciprocal Billing Agreement for physician fees (excluding Quebec physicians), and $23.8 million for hospital services on behalf of Manitoba residents who received care elsewhere in Canada.
- Recoveries received by Manitoba Health and Healthy Living as a result of reciprocal billings to other provinces and territories for care provided to their residents totaled $10.6 million for physician fees (excluding Quebec physicians), and $41.6 million for hospital services.
- Represented the Department in 25 hearings of the Manitoba Health Appeal Board.

**3(a) Insured Benefits**

| Expenditures by Sub-Appropriation | Actual 2005/06 $(000's) | FTE | Estimate 2005/06 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 5,886.3 | 125.29 | 5,496.1 | 390.2 | |
| Other Expenditures | 2,099.3 | | 2,075.1 | 24.2 | |
| **Total Sub-Appropriation** | **7,985.6** | **125.29** | **7,571.2** | **414.4** | |

## Health Labour Relations

### The objectives were:

- To represent Manitoba Health and Healthy Living in negotiations/arbitration concerning fee-for-service and alternate remuneration for medical and health practitioners.
- To develop appropriate alternate funding arrangements with medical professionals and organizations within the Health Authority structure.
- To administer both Fee-for-Service and Alternate Funded agreements/arrangements.
- To review, assess and advise on collective bargaining issues relating to the nursing, professional/technical and paramedical, maintenance and trades, and support sectors.

### The expected and actual results for 2005/06 included:

1. Achieve a new comprehensive compensation agreement for both fee-for-service and alternate funded physicians.
   - MMA Master Agreement settled June 27, 2005.

2. Achieve agreements with all other provider and practitioner groups that expire in 2004/05 and 2005/06.
   - Insured Optometric Services Agreement for April 1, 2005 to March 31, 2008 – signed November 17, 2005.
   - Memorandum of Agreement between the Province of Manitoba and Manitoba Dental Association for April 1, 2005 to March 31, 2008 – signed February 22, 2006.
   - Chiropractic Services Agreement for April 1, 2005 to March 31, 2010, signed on March 28, 2006.

3. Achieve clearly defined mandates and organizational goals for Health Labour Relations.
   - Mandates were established for Manitoba Medical Association Agreements, Chiropractic, Optometric and Dental.

4. Establish an efficient and effective information network to support Health Labour Relations in its decision making.
   - Ongoing meetings held with the WRHA and Manitoba Health Finance.
   - Site orientation visits held with participating RHAs.

**3(b) Health Labour Relations**

| Expenditures by Sub-Appropriation | Actual 2005/06 $(000's) | FTE | Estimate 2005/06 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 818.8 | 13.00 | 916.7 | (97.9) | |
| Other Expenditures | 278.1 | | 562.3 | (284.2) | |
| External Agencies | 592.0 | | 728.8 | (136.8) | |
| **Total Sub-Appropriation** | **1,688.9** | **13.00** | **2,207.8** | **(518.9)** | |

## Workforce Policy and Planning

**The objectives were:**

- To develop policies and strategies to support the availability of appropriate healthcare professionals and workers (physicians, nurses, and allied health professionals) to deliver healthcare services in Manitoba.

**The expected and actual results for 2005/06 included:**

1. Evaluate recruitment/retention strategies for nurses, physicians, and allied health professionals.
   - A report titled "Manitoba's Health Human Resource Plan – A report on supply" was produced and made publicly available in early 2006. This report details the current supply of health care professionals in the physician, nursing, and allied health sectors. It also outlines the initiatives in place today and being developed in the future to help recruit and retain health professionals in Manitoba.
   - The Practice Assistance Option under the Medical Student and Resident Financial Assistance Program was enhanced in 2005 to provide five yearly grants of up to $15,000 to physicians for each year of full-time work in urban Manitoba, and five yearly grants of up to $25,000 to physicians for each year of full-time work in rural Manitoba.
   - Intake into the Medical Licensure Program for International Medical Graduates to assist international medical graduates to obtain conditional medical registration and begin primary care practice in the province, will be increased from 10 to 25 over the next two years.
   - The Physician Resource Coordination Office (PRCO) was launched in the fall of 2005 in an effort to support RHAs in their efforts to recruit physicians to Manitoba. The objectives of the PRCO include coordinating and centralizing physician resource information and initiatives, as well as supporting physician recruits through the entire recruitment process. To this end, the PRCO has launched a comprehensive physician resource and recruitment website at: www.healthemployment.ca.
   - The Nurses Recruitment and Retention Fund (NRRF) has allocated more than $15.4 million towards strategies to recruit and retain nurses in the Manitoba workforce since 1999. As of 2005/06 there were 875 nurses who had received NRRF relocation assistance to work in Manitoba, there were 473 individuals who had taken refresher programs to re-enter the nursing workforce, and more than $6.7 million had been allocated to the RHAs for nurse's continuing education.
   - In June 2005, a five-year progress report on the Manitoba Nursing Strategy was publicly released. This report summarizes the actions that have been taken to date under the five targeted areas which were announced as part of the Manitoba Nursing Strategy on March 1, 2000, including details on the improvement in the nursing supply over that time.
   - In April 2005, a new regulation was passed to allow registered nurses, who meet the qualifications outlined by the College of Registered Nurses of Manitoba, to order diagnostic tests, prescribe drugs, and perform certain medical procedures independently. These "extended practice" nurses will help address gaps and add to services in the province's health care system.

2. Accessible training programs for health professionals.
   - Over the next two years, enrollment in the undergraduate medical program at the University of Manitoba's Faculty of Medicine will increase from 85 to 100.
   - Return-of-service grants of $50,000 were made available to physicians to return to school to undertake additional training in an area of need such as emergency medicine or anesthesiology.
   - There were 2,998 students enrolled in nursing education programs throughout Manitoba.
   - The Licensed Practical Nurse to Registered Nurse education program commenced in May 2005 in Dauphin, Portage and Morden-Winkler, with 24 students registering.
   - The Brandon University Registered Psychiatric Nurse program was expanded by 20 seats at the Winnipeg site.
   - In September 2005, enrollment in the Medical Laboratory Technology program at Red River College was increased by five seats (25-30).
   - In September 2005, enrollment in the Medical Radiologic Technology program at Red River College was expanded by 15 seats (from 25-40).
   - The Department has purchased eight seats in the Nuclear Medicine technology program at the Southern Alberta Institute of Technology. Two students from the WRHA were enrolled in 2004/05, and are currently in their clinical year at the Health Sciences Centre. In 2005/06, three students (two from WRHA and one from Brandon Regional Health Authority) were enrolled in the program. They will be entering their clinical year at Health Sciences Centre in the summer of 2006.

3. Improved retention of rural physicians, nurses and other health care providers.
   - As of April 30, 2005, the total number of licensed physicians in the province was 2,186 (Source: College of Physicians and Surgeons of Manitoba, 2005 Annual Report). This represents a net gain of 151 physicians (7.4%) since 1997. The number of licensed physicians in areas outside of Winnipeg over this time period increased from 474 to 546.
   - The NRRF conditional grant is a grant of $4,000 for new RNs and RPNs willing to work in rural Manitoba for one year. The grant began in 2004 and as of 2005/06 there were 132 recipients of this grant who accepted positions in rural Manitoba.

4. Improved retention of new Manitoba graduates in Manitoba healthcare settings.
   - There were 36 newly licensed physicians in Manitoba who obtained their M.D. from the University of Manitoba Faculty of Medicine (Source: College of Physicians and Surgeons of Manitoba, 2005 Annual Report). This compares to 28 in 2004, and represents the highest number of Manitoba graduates who were licensed to practice medicine in the province since 1998.
   - The NRRF conditional grant program is contributing to the retention of Manitoba's nursing grads.
   - Three students, two from the WRHA and one from the Brandon Regional Health Authority, began the Nuclear Medicine Technology program at Southern Alberta Institute of Technology in September 2005. Return-of-service agreements have been signed with all three students.

**3(c) Workforce Policy and Planning**

| Expenditures by Sub-Appropriation | Actual 2005/06 $(000's) | FTE | Estimate 2005/06 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 582.8 | 8.00 | 486.3 | 96.5 | |
| Other Expenditures | 259.9 | | 57.6 | 202.3 | |
| **Total Sub-Appropriation** | **842.7** | **8.00** | **543.9** | **298.8** | |

# Regional Affairs

## Administration

**The objectives were:**

- To provide support to the Minister of Health and the Minister of Healthy Living, RHAs and CCMB by providing leadership and recommendations in the planning, implementation, monitoring and evaluation of health services to the residents of Manitoba.

**The expected and actual results for 2005/06 included:**

1. Timely information is made available to the Minister of Health and the Minister of Healthy Living, the RHAs, and CCMB that supports their decision-making.
   - A new Manitoba Wait Time Website was launched to provide up-to-date information on wait times for tests and procedures as well as government's overall plan to improve wait times.
   - In participation with the Advisory Committee of the Canadian Agency for Drugs and Technologies in Health ensured that evidence based research was available and that it consistently reflected Manitoba's current policies in these areas.
   - The Wait Times Task Force was established to implement the commitments made at *The First Ministers Meeting* to reduce wait times in five priority areas: Orthopedics, Cardiac, Cancer Services, Diagnostic Imaging, and Sight Restoration. Made an additional commitments in four more areas: Pediatric Dental, Sleep Testing, Pain Management, and Mental Health.

2. Timely research and response to public expressions of concern related to service delivery issues.
   - Weekly and monthly reports were written for the Minister on a variety of management items to assist in the daily decision-making process. These reports showed a variety of information such as how many people were waiting in the hallway, the number of people waiting for a Personal Care Home bed, how many surgical slates were cancelled each week, pediatric dental wait times, Emergency Room volumes and visits.
   - Data made available by Regional CHA's and HIM was consistently reviewed and analyzed to respond appropriately to media requests and correspondence the Ministers and Deputy Minister received.
   - Data was shared appropriately with recognized publications from agencies such as the Conference Board of Canada, Canadian Institute for Health Research, Manitoba Centre for Health Policy, and Canadian Institute for Health Information.

**4(a) Administration**

| Expenditures by Sub-Appropriation | Actual 2005/06 $(000's) | FTE | Estimate 2005/06 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 380.3 | 6.00 | 398.9 | (18.6) | |
| Other Expenditures | 59.7 | | 38.6 | 21.1 | |
| **Total Sub-Appropriation** | **440.0** | **6.00** | **437.5** | **2.5** | |

## French Language Services

French Language Services ensures that Franco-Manitobans have availability and accessibility to services in French within Manitoba Health and Healthy Living and that RHAs have improved capabilities to provide essential health services in francophone-designated areas.

### The objectives were:

- To coordinate French Language Services at Manitoba Health and Healthy Living for internal and external clients.

### The expected and actual results for 2005/06 included:

1. Timely information provided regarding French Language Services.
   - All Manitoba Health and Healthy Living press releases, new initiatives, forms, and fact sheets were made available in both official languages.

2. Customer satisfaction with French Language Services provided through Manitoba Health and Healthy Living.
   - No complaints were received from the public regarding French Language Services offered by Manitoba Health and Healthy Living.

3. Available and accessible services in French for Franco-Manitobans.
   - All departments which deal directly with the public have at least one bilingual employee available and accessible.
   - The public voicemail system is fully bilingual.
   - A significant portion of the Manitoba Health and Healthy Living website is available in both official languages.

**4(b) French Language Services**

| Expenditures by Sub-Appropriation | Actual 2005/06 $(000's) | FTE | Estimate 2005/06 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 58.9 | 1.00 | 58.2 | 0.7 | |
| Other Expenditures | 6.2 | | 10.5 | (4.3) | |
| **Total Sub-Appropriation** | **65.1** | **1.00** | **68.7** | **(3.6)** | |

## Capital Planning

Capital Planning provides for the planning and management of the construction and capital financing of hospitals, personal care homes and other health facilities.

### The objectives were:

- To oversee development and implementation of the provincial health capital program, and advise Government on infrastructure and related policy and program requirements, to support population health objectives and ensure the sustainability of health facilities in Manitoba.

### The expected and actual results for 2005/06 included:

1. A capital plan that supports the Department's population health objectives.
   - Oversaw infrastructure projects that supported investment in state-of-the-art medical equipment, and the development of new programs as well as improved facilities, and enhanced community-based services.
   - Construction of new primary care facilities.
   - New infrastructure to support provincial programs such as cancer and dialysis treatment.

2. Health capital projects which are scoped and implemented in accordance with regional need and best practices, appropriate standards (program, design and construction) and negotiated cost limits.
   - Updated and expanded the information requirements for capital project requests made by RHAs through the Annual Health Planning process to ensure that requests were properly studied and scoped.
   - Integrated universal access guidelines into new construction and major renovation projects wherever practical and according to identified needs.
   - Incorporated the PowerSmart Standard, to the greatest extent possible, for new construction and renovation projects. The following projects received PowerSmart designation:
     - Parkland Emergency Medical Services
     - Foyer Valade – 38-bed addition
     - The Pas Emergency Medical Services
   - Adopted a policy on green building design standards requiring all new capital projects to be built to a Leadership in Energy and Environmental Design (LEED®) or as close to a LEED® certified standard wherever practical. The following project was registered with the Canadian Green Buildings Council as a LEED® project:
     - SERDC Personal Care Home – registered as a LEED® Silver project

3. Transparent and equitable application of policies related to business practices, construction, department funding and community cost-sharing.
   - Signed one Contribution Agreement with Foyer Valade PCH for a capital project requiring a community contribution.
   - Undertook discussions with the Manitoba Association of Architects and the Consulting Engineers of Manitoba on a new agreement improving professional consulting and design services provided to RHAs.
   - Undertook to develop a standard process for securing construction management services in accordance with the Agreement on Internal Trade and the General Manual of Administration.

4. Timely and accurate information on the capital program, forecasting in the areas of infrastructure maintenance requirements and emerging program models, and development of appropriate program and policy options.
   - Supported ongoing collaborative planning with RHAs to prioritize current and future maintenance requirements.
   - Commissioned three technical studies to provide assistance in dealing with pressing infrastructure requirements.

5. Health care infrastructure that is sustainable and sufficiently flexible to meet the changing needs of the population, as well as requirements of innovation in service delivery.
   - Collaborated with RHAs to identify new and emerging health care needs requiring new capital infrastructure to deliver services.
   - Continued to deliver a stable and appropriate number of maintenance projects.
   - Developed new space in support of new service delivery models and innovative services such as community Access Centres, community-based clinical diagnostics and community-based surgical capacity.

**Capital Projects completed:**
During the 2005/06 fiscal year, six major construction projects were completed at a cost of $61.2 million including:

Acute Care
- Consolidation of Pain Clinics at Health Sciences Centre (HSC) – the Pain Management Program delivered by the WRHA through sites at HSC and St. Boniface General Hospital was consolidated at HSC in order to eliminate duplication and maximize resource utilization. The project redeveloped 5,400 sq. ft. of space at HSC.
- WRHA – Upgrade of Negative Pressure Isolation/Protection Rooms – Phase 1: 27 rooms upgraded at HSC. These rooms include six at General Hospital Buildings (1-GA Wing, 1-GD Wing and 4-GH Wing), 14 at Children's Hospital, and seven at Women's Hospital.

- WRHA Laundry Operations – Development of a new central laundry facility.
- Construction of the new Swan Valley Health Centre – the project is a new 81,000 sq. ft. 52-bed acute care facility providing emergency room and in-patient medical/surgical services, as well as out-patient services such as chemotherapy and stress testing.

Provincial Programs
- CCMB – construction of a new underground radiation treatment vault, located at the HSC, to house a new/replacement linear accelerator.
- Neepawa Health Centre – Chemotherapy Outreach – construction of a new 3,648 sq. ft. single-storey building addition to the Neepawa Health Centre to house existing chemotherapy services.

**Capital Projects initiated:**
Construction has continued and nine new projects went into construction during the year at an estimated cost of $192.2 million. These projects include:

Acute Care
- Critical Services Redevelopment Project at HSC – project will add 286,182 sq. ft. of new space. Project will support a new emergency suite, 13 adult suites and six children's suites. The Project will house two new CT scanners in the emergency department. The Project also has several new information technology systems including a surgical intervention system, sterile instrument tracking, emergency department tracking, and a data repository.
- WRHA – Misericordia Health Centre – construction of one Negative Pressure Isolation/Protection Room.
- WRHA Cardiac Services Enhancement Project – project provides new space to support consolidation of cardiac programs at St. Boniface General Hospital and HSC. The project creates 40,274 sq. ft. of space dedicated to the delivery of cardiac services.
- WRHA Laundry Operations – linen delivery and loading renovations at the HSC and the St. Boniface General Hospital.

Long Term Care
- Addition and renovation of Foyer Valade, a 115-bed Personal Care Home (PCH) – Increase of 38 beds – 153 total. This project is proposed to add a single-storey addition of 17,000 sq. ft.
- New 53,000 sq. ft. 80-bed PCH in St. Vital.
- New 24,250 sq. ft. 35-bed PCH in Thompson.

Provincial Programs
- Brandon – approximately 7,000 sq. ft. of space to accommodate the Medical Transportation Coordination Centre to be located in the Brandon Regional Health Centre.

Primary Health Care
- Transcona Access Centre – tenant improvements will offer 33,000 sq. ft. of space to support the provision of primary health care to the residents of Transcona.

Other capital projects initiated and managed by capital planning
Provided oversight and management of the delivery of three additional primary health care clinics. Construction costs were funded from the Primary Health Care Transition Fund.
- Riverton Community Health Centre – new 3,987 sq. ft. Community Health Centre that will develop community-based health programs and support timely access to health care services.
- Camperville – new 1,566 sq. ft. Community Health Centre supporting community-based health programs and timely access to health care services.
- Waterhen – new 1,566 sq. ft. Community Health Centre supporting community-based health programs and timely access to health care services.

In addition to the major projects completed and initiated, Capital Planning oversaw approximately 125 safety and security/maintenance projects throughout the province with a total expenditure of $19.6 million. A number of additional safety and security/maintenance projects are currently underway.

**4(c) Capital Planning**

| Expenditures by Sub-Appropriation | Actual 2005/06 $(000's) | FTE | Estimate 2005/06 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 786.1 | 11.00 | 735.6 | 50.5 | |
| Other Expenditures | 177.3 | | 208.0 | (30.7) | |
| **Total Sub-Appropriation** | **963.4** | **11.00** | **943.6** | **19.8** | |

## Urban Regional Support
## Northern and Rural Support

**The objectives were:**

- To provide support to the Minister of Health and the Minister of Healthy Living, RHAs and CCMB in the planning and implementation of efficient, effective, evidence-based, holistic health services to improve the health status of Manitobans.

**The expected and actual results for 2005/06 included:**

1. RHAs and CCMB are held accountable within the provisions of *The Regional Health Authorities Act* and *The CCMB Act.*
   - Participated in the development and monitoring of the Performance Deliverables submitted and signed off between Manitoba Health and Healthy Living and the Boards of the RHAs and CCMB.
   - Pursuant to Bill 17 (*The Regional Health Authorities Amendment Act* and *Manitoba Evidence Amendment Act* which received Royal Assent in June 2005), led the collaborative development of the Critical Incident Reporting and Management Policy.
   - Took the lead in monitoring the personal care homes in relation to the standards.
   - Monitored Critical Clinical Occurrences (CCOs) and Critical Occurrences (COs) reported by the RHAs and CCMB to reduce the probability of similar events by communicating system and/or policy changes required, and by providing annual feedback to appropriate stakeholders.
   - Established a formalized mechanism for RHAs and CCMB submissions of wait time information.
   - Established and led or participated on working groups and sub-committees for the First Ministers Meeting five priority areas. RHAs and CCMB providing services funded in the Wait Time Reduction Strategy, participated on working groups and sub-committees.

2. Manitobans receive appropriate quality care across the continuum.
   - Supplied the project management for the Churchill Health Care Centre Task Force to determine the future role of the facility in the Churchill RHA. This project has moved to the implementation phase.
   - Assisted the Assiniboine RHA with "From Challenges to Opportunities: A Quality Framework for Future Health Service Planning" outlining the future of health services in the region. The Minister of Health received and approved this document in July 2005.
   - Led the development and ongoing implementation of a Provincial Patient Safety Strategy.
   - Established the Manitoba Patient Access Network, supported by the Wait Times Task Force, to identify issues impeding access to quality care and identify change strategies and innovative responses to resolve issues and address the changing needs and demands of Manitoba's health system.
   - Participated in the Western Canadian Children's Heart Network. This is a network of pediatric cardiac care providers from the four western provinces. They are committed to delivering world-class pediatric cardiac care.
   - Initiated a process to develop quality indicators for Emergency Departments of the WRHA, with the input of WRHA and Manitoba Health and Healthy Living.

3. Appropriate allocation to the RHAs and CCMB.
   - Participated in the review of the RHAs and CCMB's Annual Health Plan to ensure plans focus on initiatives/actions to successfully meet the health needs of the community and include appropriate resource allocations with evidence based justifications.

4. Appropriate utilization of health services provided by the RHAs and CCMB.
   - Led with the roll up of the Departmental Northern Development Strategy for presentation to Cabinet.
   - Assisted with the establishment of two large forums on the role of First Nations and RHAs. The intent of the forum was to develop key recommendations for consideration by respective leadership to enhance service delivery and facilitate working relationships between First Nations and RHAs.
   - Evaluated resource and service utilization in collaboration with various RHAs, CCMB and working groups of the Wait Times Task Force to identify opportunities for improved efficiencies and better resource utilization.
   - Participated on the Emergency Care Task Force (ECTF) to review service and recommend changes. The ECTF was closed in January, 2006. A total of 46 recommendations were made with the ultimate goal of improving Emergency Department service.
   - Participated on the WRHA Rehabilitation Reconfiguration working group to review rehab services within the WRHA and developed recommendations to improve those services. Recommendations to be implemented in three phases, the first of which, announced in February, 2006, included consolidation (and enhancement) of services within one facility.
   - Participated in the development of the Winnipeg Integrated Stroke Program which coordinates multi-disciplinary care across the continuum of care – community to acute. Emergency stroke services were enhanced at HSC and SBGH with EMS protocol to support this enhancement implemented.
   - Monitored wait lists and wait times to ensure work toward compliance with national and best practice standards and guidelines.

5. Acute care waiting lists meet best practice standards and guidelines.
   - Participated in the development of a strategy to reduce wait times for hip and knee surgery through focusing efforts on those who have been waiting the longest, introducing dedicated trauma slates to free up additional capacity for elective procedures, adding more clinical assistants, promoting central-list management, adding wait-list managers to help patients navigate the system, and introducing common assessment tools.
   - Validation of the orthopedic wait list has taken place and is planned for various other wait lists.

6. Timely provision of information to internal clients, the RHAs and CCMB to support evidence-based decision-making.
   - Publication of information on health services for seniors and their caregivers.
   - Launch of a new Manitoba Wait Time Website in a user-friendly and accessible format. Improvements provide more up-to-date information about wait times for tests and treatments and include information on the government's plan to improve wait times and progress to date.
   - Participation on the Canadian Agency for Drugs and Technologies in Health Board of Directors and Advisory Committee to ensure evidence based research documents are available to, and reflect the information needs of, policy/decision makers in Manitoba.
   - Led by the Wait Times Task Force, standardization of data and reporting from RHAs and CCMB to ensure quality, comparable data is available to stakeholders for decision-making.
   - Established feedback and support mechanisms for Brandon, North Eastman, Assiniboine, Burntwood and Central RHA's pilot project to address Home Care data quality improvements for information received from the RHAs. This change involved the use of existing electronic capacity to reduce manual methods of data collation.
   - Produced the annual Provincial Bed Map for reporting and monitoring the current number of provincially funded set-up beds, changes that have occurred in the past year, and in comparison to previous years. Developed a new database for recording set-up beds and detailing changes, and updated bed definitions to improve consistency in reporting.

7. Flexible response to Manitoba's health services system changing needs and demands.
   - Implemented Stage 1 of a four-stage approach to transfer operational control to Diagnostic Services of Manitoba Inc. with the transfer of the province's managers, physicians, scientists and non-union staff delivering lab and rural DI services to DSM.

- Participated in the WRHA Regional Medical Device Reprocessing Committee to respond to new reprocessing techniques, adopt best practices, and implement standardized policies and procedures for reprocessing activities.
- Participated in the operational review of the Critical Services Redevelopment Project at HSC.
- Participated in the Cardiac Sciences Regional Project Implementation Committee to oversee the implementation of the Cardiac Services Enhancement Project and the implementation of cardiac surgery consolidation at St. Boniface General Hospital.
- Implemented initiatives to alleviate the wait list for pediatric dental surgeries at Children's Hospital including establishing a pediatric dental program at Beausejour Health Centre and Misericordia Health Centre and an increase of 200 additional surgeries at Thompson General Hospital.
- Participated on the Implementation Working Group to establish a reproductive health centre to provide primary reproductive and sexual health programs and services.
- Participated on working groups addressing renovations/enhancements to WRHA Emergency Departments (EDs) including the redevelopment of Seven Oaks General Hospital ED and the Victoria General Hospital ED.
- Participated on the Northern and Rural Renal Advisory Committee (co-chaired by the Manitoba Renal Program and the RHAs) to facilitate the delivery of dialysis in Winnipeg and local centres throughout the province.

8. Supports and communication strategies are in place to assist with government's health response to disasters.
   - Participated on the Manitoba Health Disaster Management Network which develops coordinated responses to such issues as pandemic flu, avian flu and natural disasters.

9. Timely response to public expressions of concern related to service delivery issues.
   - Provided support to the Minister of Health and Minister of Healthy Living through investigating, reporting and responding to verbal, written, publicized and electronic public and media expressions of concern related to service delivery issues.
   - Led Geographic Teams to enhance inter-departmental communication and coordination relating to complex issues affecting multiple branches in order to support and inform health organizations regarding concerns related to service delivery issues.
   - Launched a public communication strategy to deliver information to the public on Manitoba's Wait Time Reduction Strategy, including key resources and phone numbers.
   - Participated on behalf of the Department in the final Government Report on the inquest into the death of Cory Clifford Moar.

**4(d) Urban Regional Support**

| Expenditures by Sub-Appropriation | Actual 2005/06 $(000's) | FTE | Estimate 2005/06 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 1,079.2 | 16.00 | 1,012.8 | 66.4 | |
| Other Expenditures | 295.8 | | 370.0 | (74.2) | |
| External Agencies | 223.7 | | 227.3 | (3.6) | |
| **Total Sub-Appropriation** | **1,598.7** | **16.00** | **1,610.1** | **(11.4)** | |

**4(e) Northern and Rural Support**

| Expenditures by Sub-Appropriation | Actual 2005/06 $(000's) | FTE | Estimate 2005/06 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 688.6 | 12.50 | 699.5 | (10.9) | |
| Other Expenditures | 168.3 | | 231.9 | (63.6) | |
| **Total Sub-Appropriation** | **856.9** | **12.50** | **931.4** | **(74.5)** | |

## Regionalization Support Unit

**The objectives were:**

- To provide support to RHAs in the development of their health plans, and facilitate and support their comprehensive and ongoing Community Health Assessment (CHA).
- To provide support and coordination to the Regional Affairs Division process for Issues of the Day and other matters.

**The expected and actual results for 2005/06 included:**

1. RHA health planning complies with Manitoba Health and Healthy Living requirements and continues to strengthen the relationship between Strategic Planning, CHA, Performance Deliverables and other Accountability mechanisms for both the health organizations and the Department.
   - RHA health plans complied with the requirements of Manitoba Health and Healthy Living.

2. Supports and communication links are in place to assist RHAs with their health plan submissions and subsequent post submission requirements.
   - Support was provided to RHAs in the development of their health plans, and their CHAs.

3. RHA health planning is based on comprehensive CHA findings and evidence-based decision-making approach.
   - Performance Deliverables were successfully integrated into the Health Planning Process.

4. Comprehensive CHA Reports from all RHAs and CCMB are completed and submitted to Manitoba Health and Healthy Living.
   - Each health organization submitted a comprehensive CHA, health plan and annual report.

5. Provincial policy and inter-sectoral initiatives reflect relevant CHA findings, health status issues, and variances in health status from region to region.
   - The department has begun to explore Organization Wide Risk Management.

6. Communication and coordination system between the Department and RHAs is in place.
   - Feedback processes were completed for Health Planning, Estimates and Annual Reports. Each organization received feedback letters on each of the aforementioned topics. The feedback processes also influenced the revisions of guidelines and supporting technologies.

**4(f) Regionalization Support Unit**

| Expenditures by Sub-Appropriation | Actual 2005/06 $(000's) | FTE | Estimate 2005/06 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 416.8 | 6.00 | 386.6 | 30.2 | |
| Other Expenditures | 41.4 | | 51.2 | (9.8) | |
| **Total Sub-Appropriation** | **458.2** | **6.00** | **437.8** | **20.4** | |

## Disaster Management

**The objectives were:**

- To ensure the health care system is capable of providing a coordinated and effective response to the health needs of Manitobans during a disaster.
- To provide a comprehensive emergency preparedness program.

**The expected and actual results for 2005/06 included:**

1. Active support to each RHA on the implementation of their disaster management programs.
   - Supported the RHAs disaster management programs. Regular meetings of the Disaster Management Network (DMN) were hosted. The DMN met to share information and best practices to ensure integrated planning.

- Pandemic influenza planning was a major focus. Hosted joint planning sessions with the RHAs and the Emergency Measures Organization in communities throughout Manitoba to discuss pandemic planning, guidelines for local governments and to encourage local joint planning.
- Sixteen sessions were completed in the communities of Churchill, Flin Flon, The Pas, Brandon, Glenboro, Hartney, Birtle, Pinawa, Carman, Portage la Prairie, Minnedosa, Boundary Trails, Arborg, Altona, Swan River and Dauphin. Attendance at sessions ranged from 20 to 85 persons. Over 850 persons attended the sessions.
- Hosted a number of RHA planning meetings, including a recent session to discuss stockpiling of supplies and logistics. This meeting brought together RHAs emergency management and logistics staff and Manitoba Health and Healthy Living.

2. A fully integrated health incident management system.
   - Work continues on the development of an integrated health incident management system. Established a working group to ensure integrated emergency response for all emergencies, especially for an influenza pandemic.

3. Safer communities that suffer fewer deaths, physical injuries, and psycho-social trauma as a result of disasters.
   - All of the programs were aimed at minimizing the impacts from emergencies. One area of focus was the development of pandemic preparedness materials for local governments. These guidelines provided local governments with tools for preparing their communities for a possible pandemic. The guidelines were supported by a series of workshops across the province.

**4(g) Disaster Management**

| Expenditures by Sub-Appropriation | Actual 2005/06 $(000's) | FTE | Estimate 2005/06 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 259.2 | 2.50 | 171.4 | 87.8 | |
| Other Expenditures | 119.0 | | 65.7 | 53.3 | |
| **Total Sub-Appropriation** | **378.2** | **2.50** | **237.1** | **141.1** | |

## Primary Health Care

**The objectives were:**

- To support the Minister of Health and the Minister of Healthy Living, and Executive Management in the planning, development and implementation of Primary Health Care (PHC) to improve the health of Manitobans.
- To provide guidance, direction and support to RHAs, health providers and communities in assessing, planning, implementing, monitoring and evaluating PHC initiatives according to the PHC Policy Framework (Manitoba Health 2002).

**The expected and actual results for 2005/06 included:**

1. Improved access to PHC for Manitobans.
   - In collaboration with Health Workforce, worked towards evolving primary care within Manitoba's Primary Health Care Framework. One of Manitoba Health and Healthy Living's strategic priorities is the need to address primary care delivery through the development of Physician Integrated Networks.
   - The Physician Integrated Network project has been evolving under the guidance of an Advisory Committee with representation from the University of Manitoba, and the Colleges of Registered Nurses and Physicians and Surgeons of Manitoba, the Manitoba Medical Association, the Winnipeg and Assiniboine RHAs and other primary care stakeholders.
   - The Physician Integrated Network project will focus on the engagement of fee-for-service physician groups. The objectives of this project are:
     - To improve access to primary care.
     - To improve primary care providers' access to and use of information systems.
     - To improve the working environment for all primary care providers.

- To demonstrate high quality primary care with a specific focus on Chronic Disease management.
- Through the Primary Health Care Transition Fund (PHCTF), funded 22 primary health care initiatives that resulted in improved access for all Manitobans. Included in these initiatives was the expansion of Health Links-Info Santé and a separately funded one-year project to demonstrate the effectiveness of using the health line to manage chronic disease.
- The community access model, as identified in the Winnipeg Integrated Services initiative, has resulted in the opening of the second access centre, Access Transcona. Primary Health Care sites that provide a range of coordinated health services have also been developed in Camperville and Waterhen. In September 2005, MBTeleheath, the WRHA and Manitoba Health and Healthy Living sponsored a national two-day workshop. The purpose of the workshop was to act as a catalyst for the integration of telehealth to support primary health care renewal.
- Participated in a PHCTF Multi-jurisdictional Envelope initiative that supported health line development in western Canada. As part of the initiative an efficiency review was conducted on Manitoba's provincial call centre and financial support was provided to develop a one-year congestive heart failure demonstration project. The project was conducted in Winnipeg and one rural RHA.

2. Improved quality of PHC for Manitobans.
   - Worked collaboratively with respective RHAs to assist them in developing logic models for evaluation purposes of RHA driven PHC initiatives funded under the PHCTF. The development of evidence-based evaluation frameworks will ensure continued quality PHC services.

3. Resources to enable the provincial delivery of appropriate, integrated PHC services.
   - Several workshops were held with RHAs to provide information and resources to assist in the development and implementation of collaborative PHC services.
   - Partnering with MBTelehealth, hosted a second workshop for RHA representatives and other stakeholders involved in Maternal Newborn Service delivery. The workshop: "Making the Links – MBTelehealth and Multidisciplinary Collaborative Primary Maternal / Newborn Care", provided an introduction to the work of the Multidisciplinary Collaborative Primary Maternity Care Project (MCP2) and assisted regions to identify potential use of both the MCP2 model and of Telehealth to support, sustain and advance maternal newborn service delivery in their communities.
   - In collaboration with RHAs, promotional PHC materials have been developed for educational purposes. RHAs have used these PHC promotional materials in public related events and community presentations. Internet access to these PHC promotional materials have been made available through Manitoba Health's PHC website.
   - The Aboriginal Midwifery Education Program (AMEP), supported by the PHCTF, in partnership with the Department of Advanced Education and Training, and the University College of the North have developed a curriculum and implementation strategy for AMEP. The program will be operational in 2006/07.

4. Appropriate allocation of PHC resources to and by the RHAs.
   - Continued to engage RHAs to work towards the implementation of performance deliverables in the area of PHC.

5. Integrated PHC organizations are developed that deliver services in accordance with the principles of PHC and consistent with the provincial Primary Health Care Policy Framework.
   - In November 2005, the Collaborative Practice initiative, sponsored by Manitoba Health and Healthy Living and the PHCTF, conducted a symposium on "Facilitating Teamwork: Implementation Strategies in Collaborative Practice and Education". This symposium was attended by 96 individuals representing health care professional faculties (Pharmacy, Social Work, Medical Rehabilitation, Medicine and Nursing) as well as the Manitoba Government and various RHAs. The initiative also developed a collaborative practice curriculum that is available to PHC management personnel.

6. Timely and relevant PHC information that supports decision-making is available to internal clients, including the RHAs, and external stakeholders.

- The Community Services Information System, an electronic health record, was implemented in the WRHA and North Eastman Health Authority, and is envisioned as forming the information system foundation in support of PHC services. The system went "live" in 2005/06 and will be monitored to determine future applications.

7. Midwifery services are delivered in Manitoba in accordance with the provincial standard.
   - Continued to work with RHAs to assess current program capacity and evaluate services based on established guidelines for RHA midwifery services including supporting increased integration of midwifery and regional maternal newborn services.

**4(h) Primary Health Care**

| Expenditures by Sub-Appropriation | Actual 2005/06 $(000's) | FTE | Estimate 2005/06 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 209.3 | 4.00 | 255.3 | (46.0) | |
| Other Expenditures | 58.3 | | 62.0 | (3.7) | |
| **Total Sub-Appropriation** | **267.6** | **4.00** | **317.3** | **(49.7)** | |

## Emergency Medical Services

Emergency Medical Services provides provincial leadership and surveillance of the air and land ambulance transport system.

### The objectives were:

- To facilitate the development of regional emergency medical services that are delivered by RHAs.
- To be responsible for the legislation and regulation of all aspects of medical transport in Manitoba.
- To coordinate the operation of the Lifeflight Air Ambulance Program.

### The expected and actual results for 2005/06 included:

1. Develop, distribute and monitor the implementation of current, medically accountable practice guidelines and standards for pre-hospital patient care provided by Manitoba's Emergency Medical Response System.
   - An annual review of the Emergency Treatment Guidelines was conducted and there were a number of revisions made.
   - There were revisions to five Emergency Treatment Protocols and the addition of one new protocol.

2. Evaluate new practitioners, and continuing evaluation of existing EMS practitioners, to ensure minimum patient care standards are met as required under *the Ambulance Services Act*.
   - A total of 325 individuals were licensed this past year. There were 72 individuals at the Basic First Aid level, 143 individuals at the Emergency Medical Responder (EMR) level, and 110 at the Emergency Medical Technician (EMT) level.
   - There are 63 individuals who re-licensed through the examination process, 14 EMTs and 49 EMRs.
   - There are 623 licensed EMS personnel who are maintaining their license through the Alternate Route program.
   - There were 1,477 licensed EMS personnel in Manitoba on March 31, 2006.

3. Safe transportation of acutely ill patients by the Lifeflight Air Ambulance Program.
   - Lifeflight transports seriously ill or injured Manitoba residents who reside outside of an 80 mile radius of Winnipeg and have access to an airport accessible to the Lifeflight jet. Lifeflight provided transport and care for 526 seriously ill or injured patients from rural and northern facilities to tertiary centres primarily in Winnipeg.
   - Lifeflight arranged for the transport of 93 Manitoba residents who required medical care not available in Manitoba.

4. Ongoing evaluation of licensed EMS services including vehicles, equipment, and processes used in the delivery of EMS to ensure patient safety as required under the Act and Regulation.
   - There are 33 licensed land ambulance providers, 94 individual ambulance stations operating 168 ambulance vehicles, and six licensed air ambulance providers.

**4(i) Emergency Medical Services**

| Expenditures by Sub-Appropriation | Actual 2005/06 $(000's) | FTE | Estimate 2005/06 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 971.5 | 13.00 | 931.5 | 40.0 | |
| Other Expenditures | 5,010.1 | | 5,018.0 | (7.9) | |
| External Agencies | 16.4 | | 22.5 | (6.1) | |
| **Total Sub-Appropriation** | **5,998.0** | **13.00** | **5,972.0** | **26.0** | |

## Northern Nursing Stations

**The objectives were:**

- To provide cost effective and quality healthcare to the communities of Chemawawin Cree Nation/Easterville, Grand Rapids First Nation/Town of Grand Rapids, and Mosakahiken Cree Nation/Moose Lake through the management of the community nursing stations.
- To transfer the nursing station health resources to local community health authority.

**The expected and actual results for 2005/06 included:**

1. Sufficient staffing and operating resources, and appropriate direction and coordination to enable nursing station staff to provide quality primary health care and public health services.
   - Delivered day-to-day primary care, emergency care (24/7) and public health programs.
   - Managed and coordinated the day-to-day operations of the nursing stations and responded to problems, concerns and complaints.
   - Actively recruited nurses to work in the stations.
   - Updated operating policies and procedures for the nursing stations in consultation with staff and other agencies delivering health care services to the communities.

2. Supported negotiation process between the Department, Health Canada and The Swampy Cree Tribal Council that enables agreement to the transfer of northern nursing stations to local health authorities.
   - Participated in negotiations to transfer the nursing stations staff, facilities and funding to the local community health authority.
   - Worked with the nursing station staff and local community health authority representatives to prepare for the transfer of responsibility of the nursing stations.

**4(j) Northern Nursing Stations**

| Expenditures by Sub-Appropriation | Actual 2005/06 $(000's) | FTE | Estimate 2005/06 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 1,540.5 | 16.37 | 1,212.8 | 327.7 | 1 |
| Other Expenditures | 1,317.9 | | 1,514.4 | (196.5) | |
| **Total Sub-Appropriation** | **2,858.4** | **16.37** | **2,727.2** | **131.2** | |

*Explanation Number:*

1. *Primarily due to overtime costs.*

# Blood Programs

Blood Programs continues to provide collaborative leadership to the provincial blood system to facilitate effective and efficient utilization management of blood and blood products through a multi faceted strategy involving professionals, patients and the public. On behalf of the province it provides policy, program and budget oversight to the planning, management and operation of the Canadian Blood Services (CBS) and the Canadian Blood Agency (CBA). It also continues to manage and administer the Manitoba Hepatitis C Financial Assistance Program (MHCAP).

**The objectives were:**

- To coordinate the Manitoba Blood System including the provision of transfusion of blood and blood products services to patients of medical practitioners and hospitals in the province. The Manitoba blood system includes CBS which is the blood and blood products provider and cross-match centre for the WRHA, the rural RHAs, and rural cross-match centres, hospitals and blood and blood product recipients. It also includes direction to the CBA that administers the Multi-Provincial Territorial Assistance Program.

**The expected and actual results for 2005/06 included:**

1. Safe, reliable, cost-effective and high quality blood services in Manitoba.
   - Safe, reliable, cost-effective and high quality blood services were provided to Manitobans through continued data gathering, analysis and reporting on adverse reactions to transfusions in Manitoba.
   - Collaborated with the College of Physicians and Surgeons regarding restructuring of Manitoba Quality Assurance Program funded by Manitoba Health and Healthy Living to license laboratories and develop laboratory standards.

2. Disbursement of compassionate financial assistance through MHCAP.
   - Continued to manage and adjudicate applications for financial assistance to the MHCAP as well as ensure public awareness of the program.

3. Enhanced surveillance through the Adverse Event Reporting System.
   - Continued to build the Manitoba Transfusion Transmitted Injury Surveillance System.

4. Produce a Transfusion Medicine Nursing Quality Manual.
   - Continued development and implementation of quality assurance initiatives such as best practice reference manuals for blood bank technologists and nurses involved in transfusion medicine.

5. Provincial blood and blood products utilization strategy in place to ensure the optimal use of limited resources in a cost-effective manner.
   - Collaborated with stakeholders provincially, nationally and internationally to design and implement blood product utilization management strategies such as blood conservation programs, inventory management.

6. Timely and accurate response to inquiries regarding Blood Programs.
   - All enquiries were handled in a timely and efficient manner.

**4(k) Blood Programs**

| Expenditures by Sub-Appropriation | Actual 2005/06 $(000's) | FTE | Estimate 2005/06 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 164.3 | 2.00 | 155.3 | 9.0 | |
| Other Expenditures | 135.4 | | 40.6 | 94.8 | |
| **Total Sub-Appropriation** | **299.7** | **2.00** | **195.9** | **103.8** | |

# Healthy Living and Health Programs

Healthy Living and Health Programs, under the stewardship of the Minister of Healthy Living is assigned the lead role for the Healthy Living mandate. In 2005/06 the Division focused on seven key areas: active living, healthy eating, mental health promotion and substance abuse reduction, chronic disease prevention, tobacco reduction, injury prevention and healthy sexuality.

The Division also provides for management and administration of direct service delivery programs within Manitoba Health and Healthy Living and is responsible for providing grant funding for health related agencies. Direct service programs such as Cadham Provincial Laboratory and the Selkirk Mental Health Centre are also included within this Division.

## Administration

**The objectives were:**

- To provide leadership and policy advice in the development and implementation of a provincial healthy living strategy.
- To provide leadership and direction to the Department's programs/services that provide direct service to Manitobans, including Selkirk Mental Health Centre, the Addictions Foundation of Manitoba, the Office of the Chief Medical Officer of Health, Public Health Branch, the Office of the Chief Provincial Psychiatrist, Cadham Provincial Laboratory, grant funded non-government organizations, and pilot programs. This leadership also includes the development of provincial policy relating to environmental health, healthy living, communicable and chronic diseases, and other emerging public health issues and diseases.

**The expected and actual results for 2005/06 included:**

1. A provincial Healthy Living Strategy.
   - Consulted widely with Manitobans through the All-Party Task Force on Healthy Kids, Healthy Futures.
   - The province's healthy living strategy has been realized through the development and/or implementation of a number of key initiatives as described under the Branches reporting to Healthy Living and Health Programs.

2. Delivery of the Department's programs and core services.
   - Programs and core services were delivered efficiently, effectively and appropriately, with a wide range of working relationships and with resources allocated based on established provincial and regional priorities.
   - Delivered with program, service and fiscal accountability while reflecting best practices.

**5(a) Administration**

| Expenditures by Sub-Appropriation | Actual 2005/06 $(000's) | FTE | Estimate 2005/06 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 268.5 | 4.46 | 269.4 | (0.9) | |
| Other Expenditures | 278.2 | | 285.2 | (7.0) | |
| External Agencies | 5,210.1 | | 5,220.1 | (10.0) | |
| **Total Sub-Appropriation** | **5,756.8** | **4.46** | **5,774.7** | **(17.9)** | |

## Mental Health and Addictions

Mental Health and Addictions provides leadership, support and coordination to the mental health and addictions systems in Manitoba.

**The objectives were:**

- To develop strategies and policies for the mental health and addictions systems.
- To provide information, advice and recommendations that support effective planning and decision-making for the mental health and addictions systems across the continuum – from mental health promotion to tertiary care.
- To undertake ongoing environmental scans for the identification of emerging issues and best practices related to addictions and mental health.
- To undertake strategic planning for enhanced, meaningful involvement of consumers, family members, and other natural supports in individual services and in system planning.

**The expected and actual results for 2005/06 included:**

1. A departmental strategic plan is in place that identifies mental health as a priority.
   - As part of the Manitoba Crystal Meth Strategy, co-led by Justice and Health a comprehensive public awareness campaign including television and radio ads, shelter billboards, and a brochure for families was implemented across the province to increase the public's awareness of the dangers of crystal methamphetamine. Six public forums were presented across the province with approximately 400 participants.
   - Training was developed and implemented across the province to increase the ability of service providers to identify and provide treatment to individuals using crystal methamphetamine. Training was provided to 850 service providers.

2. Evidence-based policies for the health sector that reflects concerns of priority populations.
   - The implementation of the Consumer Participation policy developed in 2002/03 is being monitored on an ongoing basis.

3. A plan for phase one of the redevelopment of Selkirk Mental Health Centre (SMHC).
   - Planning for the redevelopment of SMHC is ongoing. The plan includes a new building for elderly individuals experiencing mental health problems and for those with acquired brain injury. A five-bed traditional residence in the community for individuals with acquired brain injuries is also planned. The plan also includes the establishment of a new Program for Assertive Community Treatment team to facilitate the discharge of individuals from SMHC to the community and to provide intensive support services to individuals already residing in the community.

4. Improved integration of addictions and mental health services at both the service and policy level.
   - A Provincial Policy for Service to Individuals with Co-occurring Mental Health and Substance Use Disorders was drafted for consultation with stakeholders in March 2006. The Policy will ensure staff training, client screening and integrated service plans are in place in all mental health and addictions programs across the province.
   - Training materials related to Co-occurring Disorders were developed and distributed to all Regions. Regional Leadership Teams are using the materials to train service providers from mental health and addictions using a train the trainer model.
   - A Suicide Prevention Line was announced by the Minister of Healthy Living on December 21, 2005, a province-wide twenty-four hour seven days a week toll-free line hosted by Klinic and development in consultation with Aboriginal and Métis stakeholders.
   - A Framework for Suicide Prevention Planning in Manitoba was completed March 2006. It has been provided to Regional Suicide Prevention Committees as a resource for suicide prevention planning based on best practices. A Provincial Steering Committee will be put in place to address provincial-level objectives to reduce the risk of suicide in Manitoba.
   - Applied Suicide Intervention Skills Training "Train the Trainer" five-day training was provided to 24 service providers in Manitoba in February 2005.
   - A working group was established to support the components of the proposed Bill 36, *The Youth Detoxification and Stabilization (Support for Parents) Act*. The Bill received Royal Assent in June 2006 and comes into effect November 1st, 2006. Plans are being made for a five-bed detoxification and stabilization unit to receive youth with serious and persistent substance abuse problems who have been identified under the Act. The new program will provide support to these youth and their families.

- A Model for community-based services for individuals with acquired brain injury was developed. The model includes service coordination and training of service providers.
- A feasibility study was completed on Mental Health Courts and a pilot project is being planned to be led by the Provincial Court.
- The first Manitoba Drug Court, cost-shared with the federal government, started in Winnipeg in January 2006 to direct non-violent offenders to addiction treatment and services.

5. National, provincial and regional mental health data elements to support planning for a new mental health database.
   - In the fall of 2005 a report was completed that provided a business case analysis of options to support the future development of a provincial mental health and addictions data system in Manitoba. Planning continues to identify the specific requirements of a new data system.

6. Baseline data developed on key mental health indicators.
   - Planning continued throughout 2005/06 in cooperation with the RHA Mental Health programs and SMHC to assess client satisfaction with mental health programs. A standardized measure was identified and is being used. A base-line was established and a third round of data will be collected in the fall of 2006.

7. A provincial framework reflecting best practices for the enhancement of eating disorders services in Manitoba.
   - A Working Group comprised of multiple stakeholders is meeting and will make recommendations by September 2006 for the establishment of treatment and education for individuals with eating disorders/disordered eating.
   - Resources related to eating disorders were developed for physicians, other health care providers, individuals and family members and distributed to regions. Workshops were provided to approximately 50 health care providers in Burntwood and Central RHAs.

8. A provincial policy on family member and natural support participation.
   - A Policy on Family Member and Natural Supports Participation in Mental Health Service Planning and Evaluation was completed May 2005.

9. Strong working relationships with external stakeholders in the development of policy.
   - Service Purchase Agreements are in place with all grant funded agencies.
   - Leadership and support were provided to mental health self-help agencies to co-locate and improve coordination of services.
   - The Departments of Health, Education, and Justice, together with community agencies began the process to develop a directory of health promotion resources and a web-based resource including mental health and addictions for use by all Manitoba schools.

**5(b) Mental Health and Addictions**

| Expenditures by Sub-Appropriation | Actual 2005/06 $(000's) | FTE | Estimate 2005/06 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 393.3 | 7.00 | 572.7 | (179.4) | |
| Other Expenditures | 650.4 | | 492.4 | 158.0 | |
| **Total Sub-Appropriation** | **1,043.7** | **7.00** | **1,065.1** | **(21.4)** | |

## Chief Provincial Psychiatrist

The Office of the Chief Provincial Psychiatrist is responsible for carrying out required legislated and non-legislated functions in order to protect and promote the improved mental health status of Manitobans.

**The objectives were:**

- To carry out required legislated and non-legislated functions by administering *The Mental Health Act* and the Orders of Committeeship Program, providing professional consultation to the health care system, and promoting the recruitment and retention of psychiatrists in order to protect and promote the improved mental health status of Manitobans.

**The expected and actual results for 2005/06 included:**

1. Interpretation and application of *The Mental Health Act*.
   - Offered and provided educational sessions for psychiatric facilities, professionals, consumers, families and appropriate agencies regarding *The Mental Health Act*.
   - Developed and implemented a Manitoba Health Policy entitled "Order of Committeeship Issued by the Director of Psychiatric Services" setting out the policies and procedures followed by the Office of the Chief Provincial Psychiatrist in managing the Orders of Committeeship Program.

2. Preservation of patients' rights under *The Mental Health Act*.
   - Continued to promote effective operation of *The Mental Health Act* and Regulations.
   - Responded to numerous inquiries regarding interpretation and practical application of *The Mental Health Act*.
   - Consulted with the Manitoba Health Legislative Unit, and Manitoba Justice Civil Legal Services to assist in the proper interpretation and application of *The Mental Health Act* and Regulations.

3. Issuance of new Orders of Committeeship, Authorizations of Transfer, and cancellation of previous Orders of Committeeship.
   - Processed 292 Certificates of Incapacity applying for Orders of Committeeship and issued 259 new Orders of Committeeship appointing The Public Trustee of Manitoba as committee of the person's property and personal care.
   - Cancelled 18 previous Orders of Committeeship.
   - Issued 53 Authorizations of Transfer approving the transfer of patients between psychiatric facilities within and outside of Manitoba.
   - Pursuant to the Order of Committeeship Policy, provided an interview by the Director of Psychiatric Services prior to the appointment of The Public Trustee as committee, to persons who submitted a letter of objection to the Notice of Intent to issue an Order of Committeeship.
   - Maintained required working liaison with the Office of The Public Trustee of Manitoba in order to facilitate proper administration of the Orders of Committeeship Program.

4. Enhanced recruitment and retention of psychiatrists for under-serviced areas of Manitoba.
   - Four specialists in psychiatry who successfully completed their periods of enrollment in the Career Program in Psychiatry are currently fulfilling their return of service commitments in rural Manitoba, in Aboriginal Mental Health and in Psycho geriatric Psychiatry.
   - Two specialists in psychiatry successfully completed their return of service commitments under the Career Program in Psychiatry in Child and Adolescent Psychiatry with additional services to young adults and in Consultation Liaison Psychiatry.
   - Psychiatric services have thereby been enhanced in Burntwood, Central, North Eastman, Parkland and Winnipeg Regional Health Authorities.
   - One University of Manitoba resident in the specialty of psychiatry is actively participating in the Career Program in Psychiatry, accruing a return of service commitment in rural Manitoba.
   - Provided consultation and advice to several agencies regarding the recruitment and retention of psychiatrists in Manitoba.

5. Consultative liaison with RHAs.
   - Maintained relevant linkages and appropriate consultation with the RHAs regarding various aspects of the mental health system.
   - Provided professional consultation, liaison and advice regarding mental health practice, programming and policy and the legal and statutory implications of *The Mental Health Act* to clients, stakeholders and various sectors of the health system.

6. Orders of Committeeship Program and the regulated forms under *The Mental Health Act* are tracked.
   - Continued data entry for the new computer databases for *The Mental Health Act* and the Orders of Committeeship Program.
   - Computer databases were operational for selected data analysis during the year.

**5(c) Chief Provincial Psychiatrist**

| Expenditures by Sub-Appropriation | Actual 2005/06 $(000's) | FTE | Estimate 2005/06 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 270.1 | 2.40 | 267.2 | 2.9 | |
| Other Expenditures | 49.3 | | 66.2 | (16.9) | |
| **Total Sub-Appropriation** | **319.4** | **2.40** | **333.4** | **(14.0)** | |

## Aboriginal Health

Aboriginal Health is Manitoba's key resource on Aboriginal health issues with respect to the development of policy, strategies, initiatives and services for the Aboriginal community. Aboriginal Health acknowledges, supports and promotes the cultural diversity among the First Nation, Métis and Inuit populations in Manitoba, and works in collaboration with the Federal government, other branches within the department, other provincial departments, RHAs, Aboriginal political territorial organizations (PTO), and communities to meet that mandate.

### The objectives were:

- To develop, implement, consult, monitor and analyze strategic health initiatives and programs to improve health outcomes for Aboriginal people through consultation within the department, with other government departments, the federal government, RHAs, political territorial organizations, and community organizations.

### The expected and actual results for 2005/06 included:

1. Culturally competent provincial programs, policies and strategies based on best practices standards and research.
   - Provided information to RHAs on First Nation, Métis and Non-Status health related issues such as the Aboriginal Strategy on HIV/AIDS. The environmental scan on Aboriginal HIV/AIDS Services will be distributed in the summer of 2006.
   - Continued work with the First Nation Personal Care Home Networking Group in the provision of relevant information related to eligibility of provincial licensing on an interim basis and the Long Term Care Strategy.
   - Continued participation in various working groups that impact Aboriginal health issues on and off reserve. These include but are not limited to the Provincial and Aboriginal Suicide Prevention Committees, Northern Tuberculosis Working Group and the Traditional and Ceremonial Use of Tobacco Working Group.
   - Provided relevant information that impacts Aboriginal health issues to branches within the department.

2. Improved accountability between Manitoba Health and Healthy Living and RHAs respecting the health of Aboriginal people in respective regions.
   - Reviewed health plans and progress reports submitted by the RHAs and provided feedback on initiatives related to the Performance Agreements: Aboriginal Deliverable and the Health Plan process.
   - With the Assembly of Manitoba Chiefs, jointly facilitated the second forum "Role of First Nation People with RHAs" in July 2005 where health service delivery issues impacting First Nations were addressed.

3. Improved working relationships and collaboration among Manitoba Health and Healthy Living, the federal government, Aboriginal groups, provinces/territories and other stakeholders.

- Facilitated discussion with RHA representatives, Aboriginal organizations and PTO's to develop the draft Manitoba Blueprint on Aboriginal Health that provided a mechanism to address health needs based on distinct approaches for First Nation, Métis and Non-Status individuals.
- Through continued work with the Intergovernmental Committee on First Nation Health (ICFNH) Working Group, the First Nation Primary Healthcare Strategy, Manitoba First Nations Health Human Resource Strategic Framework and the Financial Analysis of the Current Health Care Expenditures for First Nations Health Care in Manitoba are in development.
- Worked in collaboration with Aboriginal organizations and communities, Advanced Education and Training, NorMan and Burntwood RHAs and the University College of the North to develop the Aboriginal Midwifery Education Program.

4. Increased linkage between the RHAs and Aboriginal Groups within their geographic area.
   - Facilitated forums and networking between First Nations and the RHAs regarding health and health related issues.
   - Facilitated meetings between RHA representatives and Aboriginal groups and provided information on the Aboriginal Health Transition Fund initiatives and strategies that impact on the health of Aboriginal people in Manitoba.
   - Provided feedback and information in the health planning process.

5. Collaboration with Federal government responsible for First Nation.
   - Participated and contributed to the ICFNH Working Group involving internal and external working groups to ensure continued federal involvement and delivery of health programs/services occur for First Nations on and off reserve.
   - Worked in collaboration with other provincial departments and RHAs by sharing knowledge of policy changes that potentially impact on health delivery and access to services for Métis as well as First Nations (on and off reserve).
   - Initiated consultation with First Nation organizations to work collaboratively on a comprehensive strategy to deal with federal off-loading in relation to health.

6. Enhanced relationships with Aboriginal communities, leadership, sub-groups, and organizations.
   - Facilitated meetings with Aboriginal organizations and leadership to plan on how to effectively respond to health needs and issues impacting their membership.
   - Provided relevant information to provincial departments and RHAs on First Nation, Non-Status, Métis and Inuit initiatives to assist in program and policy development.
   - Provided input on the amendments made to *The Public Health Act* to limit the availability of intoxicating substances to individuals who use these products for sales promoting abuse.
   - Supported components of the Pauingassi First Nation Suicide Intervention Plan.
   - Engaged with internal and external stakeholders on health and health related issues to ensure the determinants of health were addressed.

7. Improved support of Aboriginal self-government activities and initiatives within provincial mandates and priorities.
   - Continued participation in the First Nation Personal Care Home Networking Group meetings and informed on Manitoba Health and Healthy Living's position to support the establishment of a mechanism that will oversee the licensing and monitoring of First Nation long term care facilities where applicable.
   - Participated in discussions with First Nation community representatives to explore opportunities related to the transfer of health services and program at the community level.

**5(d) Aboriginal Health**

| Expenditures by Sub-Appropriation | Actual 2005/06 $(000's) | FTE | Estimate 2005/06 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 336.6 | 5.00 | 322.1 | 14.5 | |
| Other Expenditures | 297.6 | | 253.9 | 43.7 | |
| **Total Sub-Appropriation** | **634.2** | **5.00** | **576.0** | **58.2** | |

# Public Health

The overall goal of Public Health is to provide a coordinated and integrated public health leadership to ensure service capacity for key public health programs. These programs provide a focus for major areas of health promotion, and specifically for the prevention and control of diseases that affect populations. Public Health's efforts are also aimed to assist government, the community, and health and public health professionals in the planning and response to public health issues.

## Public Health is comprised of the following:

**Public Health and Epidemiology**
**Cadham Provincial Laboratory Services**

# Public Health and Epidemiology

### The objectives were:

- To prevent and control disease and promote the health of Manitobans.
- To detect, assess, and address important and emerging public health issues.
- To provide expertise and technical support, standards, policy and program development, evaluation and monitoring to clients and stakeholders to reduce the rate of preventable diseases.
- To provide a scientific basis for the prevention and control of disease, and the promotion of the health of Manitobans through the application of epidemiologic research, methods and information.
- To identify, monitor, reduce and prevent the impact of environmental health threats to Manitobans, of food, water, soil and air.

### The expected and actual results for 2005/06 included:

1. Improved surveillance and analysis of public health threats.
   - Weekly influenza and monthly disease surveillance reports produced and disseminated.
   - Annual HIV report produced.
   - National reporting of disease data provided.
   - Outbreak surveillance and epidemiological expertise provided in relation to outbreaks of norovirus, influenza and mumps.
   - Partnership surveillance agreements established with the Public Health Agency of Canada for Sexually Transmitted Diseases (STI) and HIV and for Vaccine Preventable Diseases.
   - Quality assurance processes for surveillance data continue to be addressed.
   - Evaluation of the pilot project for dental health completed.
   - Provincial surveillance data for the National Diabetes Surveillance System provided to support evidence-based diabetes management and timely access to clinical information within the delivery of primary health care.

2. Accurate health information to support policy, programs and activities.
   - Annual STI and HIV data provided to RHAs for public health planning purposes.
   - Surveillance information provided to support provincial Health programs.

3. Effective and efficient public health programs and practices in Manitoba.
   - Education session held in May 2005 for Regional Immunization Coordinators on immunization best practice and evaluation of four new programs.
   - Terminals for the Manitoba Immunization installed at the Brandon Clinic and Nine Circles Community Health Centre.

4. Enhanced public awareness of healthy living.
   - Information on influenza prevention and management provided to Health Links-Info Santé.
   - Website regularly updated on communicable diseases and vaccine preventable diseases.
   - Information and workshops provided on a range of public health topics.

5. Optimal coordination of inter-jurisdictional public health issues, policies and outbreak response.
   - Coordinated the Influenza Pandemic/Avian Influenza planning and preparedness in collaboration with the RHAs, Health Canada, Public Health Agency of Canada and other provincial government departments.
   - Contributed to a number of national initiatives in public health such as development of the Public Health Network, Public Health Goals, Pan-Canadian Healthy Living Strategy, and on improved surveillance systems.
   - Collaborated with Health Canada, First Nations and Inuit Health Branch, on issues such as immunization and access to vaccines, tuberculosis programming.
   - Leadership and participation occurred in numerous initiatives with RHAs, universities and other partners, such as Happy Smile, Happy Child Program, public health surveillance and laboratory planning.
   - Discussions took place with community partners in the development of a healthy living and healthy sexuality resource for youth.

6. Productive collaborations created between Manitoba Health and Healthy Living, other Government Departments, the University of Manitoba, RHAs, and other organizations, for effective teaching, training and research.
   - Research initiatives with other organizations, such as the University of Manitoba, Public Health Agency of Canada, and Manitoba Justice, related to the prevention, education, control, and management of a range of communicable diseases including STI, HIV, C-difficile, MRSA, and other emerging diseases were ongoing.
   - Preliminary discussion for a phase two Knowledge, Attitude and Behavior Study was initiated.
   - Discussion for piloting an Immunization Evaluation Framework with three other Canadian jurisdictions was initiated.
   - Manitoba Health and Healthy Living and the Diabetes Education Network collaborated with the National Aboriginal Diabetes Association in the planning and implementation of the Fourth National Conference on Diabetes and Aboriginal Peoples in Winnipeg on February 13-15, 2006.
   - The annual Harm Reduction Conference was supported in the planning and funding.
   - A workshop on tuberculosis for health professionals was organized.

7. Application of public health research related to public health threats, action-oriented public health research (health indicators and determinants, etiologic, prevention and outcomes research).
   - The Manitoba Diabetes Care Project continued as an ongoing study that links different province-wide administrative data sets to evaluate the impact of the Manitoba Diabetes Care recommendations on the practice pattern of primary care physicians in Manitoba.
   - Preliminary discussion for a phase two Knowledge, Attitude and Behavior Study was initiated.
   - Discussion for piloting an Immunization Evaluation Framework with three other Canadian jurisdictions was initiated.
   - Manitoba Health and Healthy Living and the Diabetes Education Network collaborated with the National Aboriginal Diabetes Association in the planning and implementation of the Fourth National Conference on Diabetes and Aboriginal Peoples in Winnipeg on February 13-15, 2006.
   - The annual Harm Reduction Conference was supported in the planning and funding.
   - A workshop on tuberculosis for health professionals was organized.

8. Decreased incidence of communicable and chronic diseases, food borne illnesses, tobacco consumption, and dental/oral diseases.
   - Smoking prevalence rates in Manitoba have decreased from 26% in 2000 to 21% in 2005.
   - A decline in the number of young children coming from the Happy Child, Happy Smile Pilot Communities requiring general anesthetic for in-hospital dental procedures due to Early Childhood Caries or tooth decay was evidenced.

9. Improvement in immunization levels, comprehensive vaccine programs, and a reduction in vaccine-preventable diseases.
   - Ongoing leadership with all Vaccine Preventable Diseases was provided through regular teleconferences with Regional Immunization Coordinators of RHAs.

- Two Manitoba Immunization Monitoring System reports, for 2004 and 2002, were distributed to RHAs for program planning and evaluation. Manitoba is one of the few provinces that examines its immunization data annually.
- Bi-Annual Vaccine Preventable Disease report is near completion.
- Complete for age vaccine coverage for infant and childhood is approximately 66% to 70% which is similar across the country. The older group such as teens, the uptake is less optimal where approximately 52% of the adolescents exiting school appear not to be up to date with their immunizations.
- Thirty-one cases of Pertussis were reported in 2005, down from 83 in 2004.
- Nine cases of mumps were reported in 2005, up from two cases in 2004.

10. Provincial strategy for chronic disease prevention and community-based programs for Manitobans focusing on the prevention of chronic diseases in place.
    - A project charter for Disease Prevention Strategy was signed by Manitoba Health and Healthy Living, the Alliance for the Prevention of Chronic Disease, all Manitoba RHAs and the Aboriginal Health and Wellness Institute. This Charter guides the accountability, planning, management and evaluation of this project. Provincial funding was provided to 47 communities for Community Action Plans in chronic disease prevention.

11. Improved quality and continuity of care to ensure control of diabetes complications and modifiable risk factors for chronic diseases.
    - An evaluation of the Risk Factor and Complication Assessment of the Regional Diabetes Program confirmed the benefit of the training program for physicians, nurses and dieticians.

12. Improved access to integrated, coordinated quality services through the most appropriate provider for diabetes prevention, education, care, research and support.
    - As part of the Manitoba Health and Healthy Living and RHA Performance Deliverable process for diabetes, an Evaluation Working Group developed an evaluation framework and priority indicators for the Regional Diabetes Program and Risk Factor and Complication Assessment. Information obtained from this evaluation will guide future diabetes program and policy initiatives.

13. Reduction in the incidence of dental caries, particularly to children.
    - In Manitoba approximately 65 water treatment systems are enhancing the fluoride ion level in communal drinking water to a beneficial level between .8 and 1.2 PPM. This represents routine benefit to over 85% of Manitobans.

14. Reduction in the sale of tobacco to minors by retailers.
    - The percentage of tobacco retailers in Manitoba who did not sell tobacco products to minors has increased from 65% in 2004 to 72% in 2005.

15. Increased public knowledge of tobacco issues.
    - With the province-wide smoking ban coming into force in October 2004, and the restrictions on the display, advertising and promotion of tobacco products coming into force August 2005, the public is now more aware of the dangers of exposure to second-hand smoke and the influence of tobacco product advertising.

16. Policies, programs and public health practice based on epidemiologic evidence.
    - Development of policies and procedures to support the expansion of testing options for HIV are underway.
    - Introduction of additional communicable diseases to the Diseases and Dead Bodies Regulation of *The Public Health Act* occurred.

17. Up-to-date legislation to protect the health of the public.
    - Introduced a new *Public Health Act* (Bill 21) on December 8, 2005.

5(e)(1) Public Health and Epidemiology

| Expenditures by Sub-Appropriation | Actual 2005/06 $(000's) | FTE | Estimate 2005/06 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 2,324.5 | 31.45 | 2,383.0 | (58.5) | |
| Other Expenditures | 3,290.7 | | 3,053.4 | 237.3 | |
| Vaccines | 14,787.5 | | 10,855.4 | 3,932.1 | 1 |
| External Agencies | 477.5 | | 511.5 | (34.0) | |
| **Total Sub-Appropriation** | **20,880.2** | **31.45** | **16,803.3** | **4,076.9** | |

*Explanation Number:*

1. *Price and volume increases.*

## Cadham Provincial Laboratory Services

**The objectives were:**

- To prevent, detect, monitor and identify emerging threats of human diseases to preserve the wellness of Manitobans.

**The expected and actual results for 2005/06 included:**

1. Increased detection of STD in high-risk populations to decrease the transmission of disease in Manitoba.
   - Sexually transmitted infections of HIV detections increased 13%, and gonorrhea detections increased 7%.
   - Introduced experimental molecular detection of chancroids, a genital ulcer disease.
   - Introduced protocols for detection of lymphogranuloma venereum, a re-emerging sexually transmitted infection.

2. Enhanced surveillance of infectious diseases to aid in outbreak identification and prevention.
   - Participated in an increased number of reported outbreak investigations.
   - Continued active surveillance for influenza.
   - Conducted sero-survey of exposed persons to H2N2 influenza.
   - Completed study of verotoxigenic organisms in Manitoba.

3. Enhanced service and surveillance provided through the adoption of a complete electronic Laboratory Information system.
   - Introduced a Provincial Data Network method of providing laboratory results.
   - Initiated detailed business planning for a Public Health Laboratory Information Management System.

4. Improved diagnostic testing for bacteria which are antibiotic resistant, toxin producing or that cause food poisoning to improve infection control in hospitals, personal care homes, and the community, and provide clinicians with more accurate interpretations.
   - Conducted detailed studies and published results on prevalence of and mutations in ESBL containing bacteria.
   - Published results on verotoxigenic organisms in Manitoba.
   - Introduced more cost effective and timely screening methods for MRSA.

5. Effective provincial bioterrorism response to hazardous biological agents.
   - Conducted training and mock exercises in Biohazard Response.
   - Responded to arising biohazard threats.

6. Enhanced detection of infectious agents in compromised patients (HIV, transplant) to allow preventative treatment.
   - Introduced specific protocols for Epstein-Barr virus detection in at-risk transplant patients.
   - Recruited expertise in high throughput real-time nucleic acid detection.

7. Detection of West Nile Virus infection in humans and mosquitoes to aid in the identification, surveillance and prevention of West Nile Virus disease.
   - Tested 5,825 pools of mosquitoes for presence of WNV.
   - Tested 3,027 human specimens for WNV disease.

8. Enhanced maternal serum screening to detect Down's Syndrome and spina bifida by adding a fourth marker test to decrease number of false positives.
   - Participated in a national study to determine effectiveness of fourth marker screening in jurisdictions such as Manitoba.

9. Enhanced screening for pesticide exposure to provide preventative programs to applicators.
   - Introduced up-to-date screening protocols for pesticide applicators.

10. In partnership with other laboratories, establish common protocols, suppliers and standards.
    - Introduced written protocols into the Communicable Disease Control Protocol Manual for public health isolate referral.
    - Hosted molecular methods group for Manitoba.
    - Assisted in planning for transport, disposal and routing of specimens.
    - Partnered with members of Canadian Public Health Laboratory Network (CPHLN) and The National Microbiology Laboratory to establish Nationally Notifiable Disease diagnostic standards.
    - Drafted Public Health Laboratory service standards with the CPHLN.

11. Enhanced autoclave proficiency programs for tattoo parlors, dental offices, etc. to reduce the transmission of blood-borne disease.
    - Expanded an autoclave proficiency-testing program for body modification establishments in support of recent municipal by-laws.

**5(e)(2) Cadham Provincial Laboratory Services**

| Expenditures by Sub-Appropriation | Actual 2005/06 $(000's) | FTE | Estimate 2005/06 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 5,400.2 | 87.78 | 4,770.8 | 629.4 | |
| Other Expenditures | 4,379.1 | | 3,977.4 | 401.7 | |
| **Total Sub-Appropriation** | **9,779.3** | **87.78** | **8,748.2** | **1,031.1** | |

## Office of the Chief Medical Officer of Health

The Office of the Chief Medical Officer of Health (OCMOH) is responsible for assessing health status and threats to public health, developing policy and standards for public health practice and to discharge, in conjunction with the Public Health branch and the RHAs, the Department's responsibilities for public health programs and services, including those outlined in *The Public Health Act*. The OCMOH assists in the development and advocacy for healthy public policy.

The OCMOH is responsible for the professional direction and support of a team of regional Medical Officers of Health (MOH) and other specialized staff. The MOHs work as members of regional public health teams to assure that public health programs and services are delivered across the province in a consistent fashion. The MOH team has input to provincial healthy public policy development.

**The objectives were:**

- To assess the health status of, and public health threats to, Manitobans.
- To assure appropriate standards of public health practice in the monitoring, response and evaluation, health risks and issues.
- To advocate for the preservation and improvement of the health of all Manitobans and the reduction of disparities in health status.
- To assist individuals, families, communities, organizations and governments to improve, protect and promote the health of Manitobans.

## The expected and actual results for 2005/06 included:

1. Manitobans have improved health and decreased preventable diseases and injuries.
   - Enhanced joint strategic planning between provincial public health and regional public health and other partners based on evidence and consultations with the regions to work together to improve health status.

2. Disparities of health status for Manitobans are reduced.
   - Initiated strategic planning and environmental scan with multiple partners with regard to the development of public health strategies to reduce the identified disparities in Aboriginal health status.

3. Performance measures in key areas are identified.
   - MOHs participated in regional community health assessments.
   - Monitored progress in key areas such as West Nile Virus, and pandemic influenza planning.

4. Adequate and appropriate human and other resources to enable the Office to maintain services at the provincial and regional levels.
   - Recruited two MOHs (North Eastman and Winnipeg).
   - Hired a Program Analyst for the New Programs Unit.
   - Established a committee to facilitate the integration of Public Health Inspectors into Health.
   - Undertook increased organizational interface with other areas in Public Health.

5. Population health promotion strategies based on the best available evidence.
   - Provided leadership and contributed to several Federal/Provincial/Territorial initiatives: Health Emergency Preparedness and Response, National Zoonotic Disease Strategy, Pandemic Influenza Planning, Council of Chief Medical Officers of Health, Advisory Committee on Population Health and Health Security, FPT Emergency Preparedness and Response Network, Integrated Pan Canadian Healthy Living Strategy, National Public Health Goal Development, Drinking Water Standards Development, Public Health Human Resources and Infrastructure Plan and the Public Health Network.
   - Contributed to several provincial initiatives· the Healthy Living Strategy, the Injury Prevention Strategy, and the Chronic Disease Prevention Strategy.
   - Made multiple presentations on avian and pandemic influenza planning in multiple forums, including media briefings.
   - Made presentations on the evidence behind the WNV strategy in multiple forums.
   - Provided educational experience to undergraduate medical students, community medicine residents and to students in other disciplines, and provided continuing education to MOHs.
   - Participated in planning and development of work related to injury prevention, Healthy Living Strategy and the Chronic Disease Prevention Initiative.

6. Appropriate identification and response to emerging public health risks and issues.
   - Participated in the review and development of the new *Public Health Act*.
   - Implemented and evaluated the 2005 WNV Response Plan and developed a plan for the summer of 2006, including the necessary infrastructure, communications and operational planning.
   - Continued preparation for pandemic influenza, including the additional purchases of antiviral medications, co-hosting an antiviral strategy implementation meeting in Winnipeg with the Public Health Agency of Canada, establishment of a number of public health committees to facilitate planning, continuous updating of the pandemic influenza plan and participation in the government wide Pandemic Influenza Planning Initiatives.
   - Established a Zoonotic Disease Steering Committee with Manitoba Agriculture, Manitoba Conservation, and Manitoba Labour and Immigration (Workplace Safety and Health).
   - Developed a response structure for avian influenza, a protocol for response and participated in national and provincial planning structures.
   - Managed several disease outbreaks and public health issues with the necessary stakeholders.
   - Participated in the development and implementation of policies on environmental issues relating to drinking and recreational water and air quality.
   - Participated with other sectors in assessing health risks and providing information on asbestos in vermiculite insulation.

7. Population health promotion strategies implemented at the provincial and regional levels.
   - Continued collaboration and education with RHAs and other organizations with regard to health promotion strategies and initiatives.

8. Strategies for Healthy Living, Chronic Disease Prevention and Injury Prevention are in place.
   - Actively participated in the development of the components of these strategies.

9. Appropriate information to support decision-making in the public health system is available.
   - Provided evidence for policy direction through the West Nile Virus Sero-survey in southwestern Manitoba and through supporting other studies on WNV.

10. Preparedness plans for public health emergencies are in place.
    - The WNV response plan is reviewed and updated annually.
    - The Pandemic Influenza Plan is continuously updated as more detailed plans are worked on.
    - Response plans for Avian Influenza have been developed and are being refined.
    - A stockpile of Antivirals exists and considerations for additional purchases are being discussed.

**5(f) Office of the Chief Medical Officer of Health**

| Expenditures by Sub-Appropriation | Actual 2005/06 $(000's) | FTE | Estimate 2005/06 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 3,124.2 | 22.50 | 2,685.2 | 439.0 | 1 |
| Other Expenditures | 1,741.6 | | 2,625.4 | (883.8) | 2 |
| **Total Sub-Appropriation** | **4,865.8** | **22.50** | **5,310.6** | **(444.8)** | |

*Explanation Number:*
1. *Primarily due to WestNile Virus term salaries.*
2. *Primarily due to decrease in professional services contracts.*

## Selkirk Mental Health Centre

The Selkirk Mental Health Centre (SMHC) is a provincial mental health facility mandated to provide long term mental health inpatient treatment and rehabilitation services to all residents of Manitoba whose challenging treatment and rehabilitation needs cannot be met elsewhere in the health care system.

The Centre has a formal agreement with the government of Nunavut to provide inpatient services to residents of Nunavut experiencing acute mental illness.

Patient services are available at SMHC in four specialized inpatient treatment programs:
- Short Term Treatment and Rehabilitation Program (43 beds).
- Psychosocial Rehabilitation Program (86 beds and eight community residence beds).
- Extended Treatment and Rehabilitation Program (115 beds).
- Forensic Rehabilitation Program (18 beds).

Treatment and rehabilitation services in all programs are provided by multi-discipline teams consisting of psychiatrists, general practitioners, psychologists, social workers, occupational therapists, activity instructors, nurses registered with their appropriate College, psychiatric nursing assistants, recreational therapists, pharmacists, the Chaplain, the Dietitian, the Aboriginal Elder and Aboriginal Friendship Workers. The Centre receives support through volunteers assigned to specific patient program areas and needs.

### The objectives were:

- To deliver quality, compassionate, respectful and cost-effective inpatient mental health services. The services are delivered in a patient-centred approach that promotes patient recovery through clinical excellence, cultural competence, community partnerships and family involvement.

**The expected and actual results for 2005/06 included:**

1. Patients and families influence the direction of care at SMHC.
   - Patients in each of the three patient-care buildings meet monthly as a Patient Assembly to ask questions, express concerns and offer suggestions to Program staff representatives. Similarly, patients from all three patient-care buildings meet monthly as a Consumer Advisory Committee to offer advice to the Chief Executive Officer and other senior managers.
   - Patients and families have an opportunity to register complaints, make suggestions, ask questions and offer commendations (anonymously if they wish) via 19 Suggestion Boxes placed around the facility. On a monthly basis written responses from managers are provided through a Suggestion Tracker document which is posted on all bulletin boards.
   - Family members are encouraged to be involved in patient-care planning through case-conference meetings and other communication with Program staff members.
   - A Family Advisory Committee meets quarterly with the Chief Executive Officer to provide advice on the overall operation of the facility.

2. Improved quality of patient care.
   - SMHC received a three-year accreditation status from the Canadian Council on Health Services Accreditation following an on-site review in September 2005.
   - Central Government approval has been provided to construct a new 105-bed building to serve persons with geriatric mental health concerns and persons with acquired brain injuries. This will allow an aging building with dormitory accommodations to be retired and will allow for the development of a new acquired brain injury program at the Centre. The new building is anticipated to come on stream in 2008.

3. Healthy workplace.
   - SMHC has a very active safety program led by the Workplace Safety and Health Committee and the Training and Development Service. A particular initiative of the latter has been Centre-wide staff training in Non-Violent Crisis Intervention.

**5(g) Selkirk Mental Health Centre**

| Expenditures by Sub-Appropriation | Actual 2005/06 $(000's) | FTE | Estimate 2005/06 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 22,972.3 | 410.10 | 22,423.0 | 549.3 | |
| Other Expenditures | 3,910.1 | | 3,149.0 | 761.1 | 1 |
| **Total Sub-Appropriation** | **26,882.4** | **410.10** | **25,572.0** | **1,310.4** | |

*Explanation Number:*

1. *Primarily due to increased drug costs.*

## Healthy Populations

Healthy Populations provides strategic direction, policy development and program planning aimed at improving the health outcomes for priority populations including women, children, families, persons with disabilities, seniors and their communities. In collaboration with other areas, health promotion, prevention, and early intervention activities are emphasized to further the goals of Manitoba Healthy Living in the six key areas of active living, healthy eating, sexuality, chronic disease prevention, injury prevention, and tobacco reduction.

**The objectives were:**

- To conduct ongoing environmental scans to identify research, emerging issues, and best practices affecting priority and vulnerable populations as well as priority health promotion topics such as nutrition/healthy eating, physical activity and injury prevention.
- To provide strategic direction in policy development and program planning toward improving the health outcomes for priority populations including women, children, families, persons with disabilities, seniors and their communities, as well as emerging populations.

- To provide strategic direction and develop strategies and policies, as well as engage in program planning to support the broadly defined health needs of priority and emerging priority populations (men, women, children, seniors and persons with disabilities).
- To participate in the development of a provincial healthy living strategy with particular attention to prevention and early intervention initiatives and strategies to ensure the inclusion and participation of men, women, children, seniors and persons with disabilities.
- To further the goals of Manitoba's Healthy Living Strategy in key areas: active living, healthy eating, sexuality, chronic disease prevention, injury prevention, and reduction in the use of harmful substances.
- To participate in provincial and intergovernmental initiatives that emphasize the needs of priority populations (such as Healthy Child Manitoba, Seniors' Safety, Manitoba First Nations Disabilities Working Group) and support their work.

**The expected and actual results for 2005/06 included:**

1. Departmental Strategic Plan and associated evidence-based policies that reflect gender-based considerations and specific reference to the needs of children, seniors and persons with disabilities.
   - Supported and furthered the Manitoba provincial strategy on disability, as outlined in *Full Citizenship: A Manitoba Provincial Strategy on Disability (2001)* through collaborative work with the Disabilities Issues Office (DIO). This includes participation in committees, working groups and Round Table events sponsored by the DIO, representation on the Assistant Deputy Minister's Committee on Disability Issues, and related committees addressing employment and employability, disability supports, access to government, and First Nations issues.
   - Continued work on the Women's Health Profile undertaken in partnership with the Women's Health Clinic and the Prairie Women's Health Centre of Excellence to provide a report on existing women's and teen girls' health profiles and health indicator information. Funding to conduct the profile has been secured through a partnership with Healthy Living, Health Canada and Women's Health Bureau. The profile will review over 100 indicators of women's health.
   - Working with the Manitoba Centre for Healthy Policy to ensure deliverables are met.

2. A provincial Healthy Living Strategy that reflects gender-based considerations and specific reference to the needs of children, seniors and persons with disabilities.
   - Assisted with the implementation of Healthy Kids, Healthy Futures all-party task force recommendations in the areas of educational health promotion initiatives, physical activity in schools, nutrition in schools, and injury prevention.
   - Continued collaboration and expansion with Manitoba Justice, the Seniors and Healthy Aging Secretariat, Age and Opportunity Inc., and other community partners of the "SafetyAid" home safety program for seniors, first established by Manitoba Justice in 2003. Beginning in 2004/05, Manitoba Health and Healthy Living provided funding for the addition of a falls prevention component to this program, including home falls prevention audits, falls prevention supplies, and a falls prevention and home safety video. The falls prevention component of this program, operating in Winnipeg, Brandon, and Portage La Prairie, completed 363 audits and provided home falls prevention supplies (at no cost) to 345 senior homeowners.
   - Launched ***in motion***, Manitoba's physical activity initiative with specific components related to children, youth and seniors. ***In motion*** also makes reference to inclusion in resource materials.

3. An expanded child sample purchased through the Statistics Canada national nutrition survey.
   - Analysis of the Canadian Community Health Survey, Nutrition Focus Study is ongoing. Initial reports will be available in 2006/07.

4. A health planning and associated estimates planning process that reflect gender-based considerations and specific reference to the needs of children, seniors and persons with disabilities.
   - Participated in the planning process for a new Reproductive Health Clinic, that will provide a range of reproductive health services. The clinic will be operated by Women's Health Clinic and the WRHA. This is part of the Reproductive Health Strategy that enhances reproductive health promotion and improves reproductive health services including teen clinics, increasing access to reproductive health supplies, and unintended pregnancy services.
   - Assistance with the Child Health Estimates process was coordinated by Healthy Child Manitoba.

5. Provincial Healthy Schools initiative operational and integrated with other related initiatives including MECY Health and Physical Education curriculum, injury prevention planning, mental health promotion, and others.
   - Led the Healthy Schools Initiative and coordinated support to school divisions and RHAs to continue their work together on the regional Healthy Schools plans.
   - Regular participation of provincial campaigns of Manitoba schools. Fifty percent of Manitoba schools participated in the last Active Living Provincial Campaign.
   - Launched the Manitoba Healthy Schools website providing information and educational materials to assist school communities in promoting health.
   - Collaborated with Manitoba ***in motion*** to develop and launch the Healthy schools ***in motion*** stream.

6. Active participation of Manitoba in the Pan Canadian Health Promoting Schools Consortium.
   - Participated in and contributed to the information sharing to facilitate ongoing intergovernmental cooperation on school health policy and program development.
   - Participated as a member of the Joint Working Group for Health Promoting Schools.

7. Continued phased-in development of the Children's Therapy Initiative with the health sector as a full participant.
   - In partnership with Manitoba Family Services and Housing, Manitoba Education, Citizenship and Youth, the Healthy Child Manitoba Office and regional service providers continued development of the Children's Therapy Initiative. Facilitated coordinated, regionally-based therapy services to increase availability of occupational therapy, physiotherapy, speech and language therapy and audiology operating in Winnipeg, Central, Brandon, Assiniboine and Norman regions. As well, Parkland, Burntwood, North Eastman, South Eastman and Interlake regions conducted needs assessments and developed regional plans.

8. Health participation in strategies to address the needs of children, youth and adults with special needs including sexual exploitation, Fetal Alcohol Spectrum Disorder (FASD), autism and others.
   - Worked with interdepartmental partners to address the issue of sexual exploitation of vulnerable children. Resources have been produced to increase awareness for professionals working with high-risk vulnerable children. Funding has been provided to develop training for front line workers to recognize at-risk children and youth and to intervene effectively with youth involved in the sex trade.
   - Coordinated the Baby Friendly Manitoba Committee, which includes the RHAs as well as independent expert members. Healthy Living has developed a Breastfeeding Strategy and Framework with RHAs and other stakeholders to increase breastfeeding initiation, increase breastfeeding duration and increase exclusive breastfeeding to six months as recommended by Health Canada.
   - Provided resources on FASD to hard-to-reach populations specifically low-literacy women and girls and their partners. The resources have been widely distributed in partnership with the AFM.
   - Participated on an inter-departmental working group on FASD. Recommendations to address gaps in services are being prepared for consideration by departments.

9. Active participation in the development and/or management of Healthy Living strategies and initiatives such as the Interdepartmental Food and Nutrition Committee, Northern Healthy Foods Initiative, provincial ***in motion*** physical activity initiative, Diabetes and Chronic Disease Framework, and others.
   - Launched Manitoba ***in motion***, a provincial strategy to help all Manitobans make physical activity part of their daily lives for health and enjoyment.
   - Introduced Healthy Schools ***in motion***, a physical activity initiative that supports schools in working toward that goal of 30 minutes of physical activity every day for every student. 320 schools registered in 2005/06.
   - Introduced the Communities ***in motion*** stream assisting community partners as they work locally to create supportive environments that encourage people to be more active.
   - Introduced Manitoba ***in motion*** Physical Activity Grants to enable communities to plan and implement ways to increase physical activity among citizens of all ages.

- Delivered regional orientation and training sessions to help communities and schools implement the ***in motion*** strategy.
- Began implementation of school nutrition plan to promote healthier eating choices in schools, including consultations and development of draft school nutrition guidelines.
- Provided support to food security planning through Manitoba Food Charter development process.

10. Injury prevention processes and strategies in place including formal deliverables from RHAs.
    - Worked with RHAs and other departments and stakeholders on an Injury Prevention Strategy and on regional injury prevention frameworks which include targets and activities to reduce leading causes of death and hospitalization. Best practice documents have been produced on four injury causes to assist in planning responses.
    - Developed initiatives to be launched in 2006/07 to promote bicycle helmet use, increase children's safety on farms and promote water safety to reduce drowning.

**5(h) Healthy Populations**

| Expenditures by Sub-Appropriation | Actual 2005/06 $(000's) | FTE | Estimate 2005/06 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 529.2 | 7.00 | 507.1 | 22.1 | |
| Other Expenditures | 858.3 | | 1,215.4 | (357.1) | 1 |
| **Total Sub-Appropriation** | **1,387.5** | **7.00** | **1,722.5** | **(335.0)** | |

*Explanation Number:*

*1. Primarily due to the delay in implementation of the Applied Behaviour Analysis Program.*

# Health Services Insurance Fund

The Health Services Insurance Fund provides for program costs related to payments to health authorities and other organizations for acute and long term care, home care, community and mental health and emergency response and transportation services. The Fund also provides direct payments to providers of insured services, and individuals claiming reimbursement of expenditures. This includes Provincial Health Services, the Medical Program, and the Pharmacare Program.

## Funding to Health Authorities

- Acute Care Services
- Long Term Care Services
- Home Care Services
- Community and Mental Health Services
- Emergency Response and Transport Services

### The objectives were:

- To allocate funds to RHAs to manage and provide facility and community-based health services across the health care continuum.
- To design a service delivery system that responsively, efficiently, and effectively meets the needs of the various regions.
- To provide appropriate health services, based on community health assessments, provincial and local objectives, and available resources.
- To ensure compliance with provincial standards of core health services.
- To ensure fiscal and program accountability.

### The expected and actual results for 2005/06 included:

1. Funding will provide for the efficient, effective, and appropriate delivery of core health services in Manitoba under the management of the RHAs for acute, long-term care, emergency response and transportation (including Northern Patient Transportation Program), mental health, home care, public health, primary care and other community-based health services.

- Completed construction of a new community cancer unit at the Neepawa Health Centre.
- In September 2005, opened a new CT scanner at Portage District General Hospital.
- Replaced a linear accelerator and treatment vault at CCMB.
- Installed a new state-of-the-art MRI at Pan Am Clinic.
- Approved funding for upgrades to the Dauphin CT to allow for faster, more efficient scans.
- Consolidation and enhancement of WRHA Rehabilitation services within one facility.
- Enhancement of stroke services at HSC and SBGH.
- Increased support to seniors programs through special agreements coordinated within each RHA, Community Resource Councils, Tenant Resource Councils, Congregate Meals Programs and Senior Centres in Manitoba.
- Approved funding for capital construction, and expanded community programs and spaces to implement the Long Term Care Strategy aimed at increasing community living supports for seniors and providing alternatives to institutional care, thus allowing seniors to preserve their dignity, independence and health.
- Implementation of a new system of delivery of patient medication through implementation of "Smart Pumps" within the WRHA.
- Funding for an additional 1,200 fluorescien angiograms and 900 additional fundus photography tests per year at the Misericordia Health Centre.
- Opened the Island Lakes Renal Health in August 2004 - the first Local Centre unit not located in a hospital.
- Increased volumes of hip and knee surgery in Winnipeg, Boundary Trails and Brandon.
- Expanded pain treatment services at the Pain Clinic at HSC.
- Developed a satellite pain clinic at the Pan Am Clinic.
- Purchased a fluoroscopy unit to be dedicated to pain management services at the Pan Am satellite pain clinic.
- Increased the volume of cataract surgery at Pan Am Clinic.
- The WRHA completed planned expansion of the Sleep Disorders Program in November 2005 resulting in an increase of 68% in the number of annual sleep studies conducted.
- Completed the upgrade of Microbiology at SBGH and HSC.
- Funded construction of the Bergen Cardiac Care Centre at St. Boniface General Hospital as the new site for cardiology services in the province.
- Announced funding for the construction of a new state-of-the-art cardiac facility at St. Boniface General Hospital for consolidation of cardiac surgery in the province.
- Established a pediatric dental program at Beausejour Health Centre and Misericordia Health Centre.
- Increased pediatric dental surgeries at Thompson General Hospital by 200 additional surgeries.

2. Regular financial and statistical reporting, as defined by Manitoba Health and Healthy Living, will be received and provided by the RHAs.
   - Established a formalized mechanism for RHAs submission of wait time information.
   - Participated in the review of the RHAs and CCMB Annual Health Plan to ensure plans focus on initiatives/actions to successfully meet the health needs of the community and include appropriate resource allocations with evidence based justifications.
   - Led by the Wait Times Task Force, standardization of data and reporting from RHAs and CCMB to ensure quality, comparable data is available to stakeholders for decision-making. Provision of data and contextual information to stakeholders, including the Minister of Health, on a monthly basis to inform decision-making.

3. To design a service delivery system that responsively, efficiently and effectively meets the needs of the various regions.
   - Enhanced integration to include RHA community health assessment findings into strategic plans, performance deliverables, and the annual health plan process for future health plan submissions.
   - Funded specialized equipment requests for ventilators, cardiac monitors, etc. made by the RHAs and CCMB on an emergent basis.
   - Funded Diagnostic/Imaging equipment requests made by the RHAs and CCMB based on the prioritization process developed by the Provincial Imaging Advisory Committee.

- RHAs participated on the Manitoba Patient Access Network to identify issues impeding access to quality care and identify change strategies and innovative responses to resolve issues and address the changing needs and demands of Manitoba's health system.
- Released the Final Report and recommendations of the WRHA Emergency Care Task Force.
- Implementation of Stage 1 of a four-stage approach to transfer operational control to DSM is complete with the transfer of the province's managers, physicians, scientists and non-union staff delivering lab and rural DI services to DSM.

4. Appropriate health services based on community health needs assessments, provincial and local objectives, and available resources.
   - Participated in the Western Canadian Children's Heart Network. This is a network of pediatric cardiac care providers from the four western provinces - British Columbia, Alberta, Saskatchewan and Manitoba. They are committed to delivering world-class pediatric cardiac care.
   - Co-led the Alzheimer Strategy Overview Committee to foster collaboration among stakeholder groups, to identify, analyze and share information on initiatives, identify partnership opportunities and review educational alternatives which will enhance the care of persons with Alzheimer's Disease and related dementias.
   - Participated on the Northern and Rural Renal Advisory Committee (co-chaired by the Manitoba Renal Program and the RHAs) to facilitate the delivery of dialysis in Winnipeg and local centres throughout the province.

5. Quality of services provided in the various regions will be monitored.
   - Ongoing monitoring of Critical Clinical Occurrences/Critical Occurrences reported by the RHAs to reduce the probability of similar events by communicating system and/or policy changes required, and by providing annual feedback to appropriate stakeholders.
   - Monitoring of wait lists and wait times to ensure work toward compliance with national and best practice standards and guidelines.
   - Regular monitoring of cardiac cases completed and number of people waiting.
   - Regular monitoring of pediatric dental cases completed and number of people waiting.
   - Regular monitoring of emergency room statistics.
   - In an effort to improve the clarity of provincial home care policies to increased quality services, worked collaboratively with the RHAs to bring the Home Care Manual up to present day policy and application standards, using the Provincial Policy Management Framework.

6. Compliance with provincial standards of core health services.
   - Staff of Urban Regional Support Services have taken the lead in monitoring the personal care homes in relation to the standards and work closely with staff from Northern and Rural Regional Support Services and the RHA.

7. Fiscal and program accountability.
   - Participated in the development and monitoring of the Performance Deliverables submitted and signed off between Manitoba Health and Healthy Living and the Board of the RHAs and CCMB.
   - Initiated a process to develop quality indicators for Emergency Departments of the WRHA, with the input of WRHA and Manitoba Health and Healthy Living. Indicator development is an outcome of the closure of the Emergency Care Task Force.
   - Validation of the orthopedic wait list has taken place and is planned for various other wait lists.

**6(a) Funding to Health Authorities**

| Expenditures by Sub-Appropriation | Actual 2005/06 $(000's) | Estimate 2005/06 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|
| Other Expenditures | | | | |
| Acute Care Services | 1,419,680.2 | 1,433,303.5 | (13,623.3) | 1 |
| Long Term Care Services | 445,588.4 | 436,150.3 | 9,438.1 | 2 |
| Home Care Services | 225,854.7 | 217,453.3 | 8,401.4 | 2 |
| Community and Mental Health Services | 157,913.6 | 149,568.3 | 8,345.3 | 2 |
| Emergency Response and Transport Services | 32,179.2 | 33,615.5 | (1,436.3) | |
| Third Party Recoveries | (7,001.7) | (7,130.9) | 129.2 | |
| Reciprocal Recoveries | (38,607.6) | (39,306.2) | 698.6 | |
| Recoverable from Urban Development Initiative | (2,000.0) | (2,000.0) | - | |
| **Total Sub-Appropriation** | **2,233,606.8** | **2,221,653.8** | **11,953.0** | |

*Explanation Number:*

1. *Primarily due to a net redistribution of the 2005/06 funding within 21-6A and under-expenditures in Construction Programming – Operating and Interest, offset by over-expenditures due to Federal Waitlist Initiatives and other price and volume increases.*
2. *Primarily due to a net-redistribution of the 2005/06 funding within 6A.*

# Provincial Health Services

## Out-of-Province

### The objectives were:

- To provide payment for insured hospital services required by residents of Manitoba while they are temporarily out of the province, and to recover funds from other provinces when Manitoba hospitals provide in-patient and out-patient services to other Canadian residents.

### The expected and actual results for 2005/06 included:

1. The requirement of portability of benefits under *The Canada Health Act* is fulfilled through Inter-provincial reciprocal billing arrangements.
   - The requirement of portability of benefits under *The Canada Health Act* was fulfilled.

## Blood Transfusion Services

### The objectives were:

- To provide funding for Manitoba's share of the operating cost of the Canadian Blood Services (CBS) which is responsible for the provision of a safe, reliable and adequate blood supply for Manitobans and Canadians (except Quebec).
- To provide funding to CBS for unique to Manitoba transfusion related laboratory testing services.
- To provide funding to ensure procurement and distribution of blood derivative products to Manitoba facilities, physicians and patients.
- To provide funding for Manitoba's commitment to the Canadian Blood Agency (CBA) that administers the Multi Provincial Territorial Assistance Plan (MPTAP) for financial compensation of Manitobans living with HIV as a result of contact with the blood supply.

**The expected and actual results for 2005/06 included:**

1. Timely funding for Manitoba's Blood Transfusion Services.
   - Provided funding for Manitoba's share of the operating cost of the CBS which enabled provision of safe, reliable, cost effective and high quality blood supply to Manitobans.
   - Continued funding to CBS to provide unique to Manitoba laboratory testing.
   - Continued funding for procurement and distribution of fractionated products.
   - Continued funding to CBA to ensure distribution of financial compensation of Manitobans living with HIV as a result of contact with the blood supply.

### Federal Hospitals

**The objectives were:**

- To provide funding for services in two federal hospitals and 22 federal nursing stations.

**The expected and actual results for 2005/06 included:**

1. Two federal hospitals and 22 federal nursing stations are funded for services provided.
   - Total funding was $2.0 million.

### Prosthetic and Orthotic Devices

**The objectives were:**

- To provide funding assistance to persons of all ages who have physical disabilities and require devices in order to improve their ability to function, as prescribed under *The Health Services Insurance Act.*

**The expected and actual results for 2005/06 included:**

1. Financial assistance provided to eligible Manitobans requiring assistive devices.
   - Financial assistance totaling $8.5 million was provided to Manitobans requiring Prosthetic and Orthotic devices.

### Healthy Communities Development Fund

**The objectives were:**

- To relocate health care system resources to equal or more appropriate and less costly alternatives, and bridge the transitions on a one-time basis.

**The expected and actual results for 2005/06 included:**

1. Development of a more effective and less costly health care system through funding of other initiatives.
   - Invested in a number of healthy living initiatives to encourage practices that promote good health and prevent disease. Initiatives included the Chronic Disease Prevention Initiative, and strategies that respond to recommendations for the Healthy Kids, Healthy Futures All-Party Task Force such as **Manitoba *in motion***.

### Nursing Recruitment and Retention Initiatives

**The objectives were:**

- To attract and retain Registered Nurses, Registered Psychiatric Nurses, and Licensed Practical Nurses to Manitoba.

**The expected and actual results for 2005/06 included:**

1. Improved supply of nurses in Manitoba, and increased interest in Nursing as a profession.
   - The Nurses Recruitment and Retention Fund allocated $1.5 million towards strategies to recruit and retain nurses in the Manitoba workforce.

**6(b) Provincial Health Services**

| Expenditures by Sub-Appropriation | Actual 2005/06 $(000's) | Estimate 2005/06 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|
| Other Expenditures | | | | |
| Out-of-Province | 28,850.6 | 30,140.6 | (1,290.0) | |
| Blood Transfusion Services | 47,814.9 | 47,860.4 | (45.5) | |
| Federal Hospitals | 1,957.8 | 1,668.5 | 289.3 | 1 |
| Prosthetic and Orthotic Devices | 8,516.5 | 7,126.0 | 1,390.5 | 2 |
| Healthy Communities Development | 11,436.1 | 12,906.3 | (1,470.2) | 3 |
| Nursing Recruitment and Retention Initiatives | 1,483.2 | 1,700.0 | (216.8) | |
| **Total Sub-Appropriation** | **100,059.1** | **101,401.8** | **(1,342.7)** | |

*Explanation Number:*

1. *Primarily due to higher hospital and nursing station cases.*
2. *Primarily due to volume increases.*
3. *Primarily due to timing of the implementation of Healthy Living Initiatives.*

## Medical

The Medical Program provides payment to physicians, optometrists, chiropractors, licensed dentists, certified oral surgeons and maxillofacial surgeons. Payment is generally made on a fee-for-service basis in accordance with a Schedule of Benefits, which reflects agreements negotiated between Manitoba Health and Healthy Living and the various professional associations.

### The objectives were:

- To provide insurance in respect of the costs of medical and other health services for the health and well-being of the residents of Manitoba.

### The expected and actual results for 2005/06 included:

1. A total of 13 million claims for approximately 20 million services will be processed and paid to medical practitioners, optometrists, chiropractors and dental surgeons.
   - During the year, 10.6 million claims for approximately 18.6 million services were processed and paid to medical practitioners, optometrists, chiropractors and dental surgeons.

**6(c) Medical**

| Expenditures by Sub-Appropriation | Actual 2005/06 $(000's) | Estimate 2005/06 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|
| Other Expenditures | | | | |
| Physician Services | 653,277.5 | 618,629.4 | 34,648.1 | 1 |
| Other Professionals | 14,720.4 | 12,548.4 | 2,172.0 | 2 |
| Out of Province Physicians | 20,455.6 | 17,793.9 | 2,661.7 | 2 |
| Other | 10,955.5 | 11,624.4 | (668.9) | |
| Third Party Recoveries | (4,912.5) | (4,804.8) | (107.7) | |
| Reciprocal Recoveries | (10,604.1) | (9,809.7) | (794.4) | |
| **Total Sub-Appropriation** | **683,892.4** | **645,981.6** | **37,910.8** | |

*Explanation Number:*

1. *Primarily due to price increases for physicians.*
2. *Primarily due to price and volume increases.*

## Pharmacare

Pharmacare deductible rates were increased on April 1, 2005 from 2.32% to 2.44% for families with total adjusted income up to $15,000 (minimum of $100 deductible is applicable), from 3.48% to 3.65% for families with total adjusted income greater than $15,000 and less than or equal to $40,000, from 4.00% to 4.20% for families with total adjusted income greater than $40,000 and less than or equal to $75,000 and from 5.00% to 5.25% for families with total adjusted income greater than $75,000. Total family income is reduced by an adjustment of $3,000 for spouse and for each dependent less than 18 years of age, where applicable.

### The objectives were:

- To fund pharmaceutical benefits as may be prescribed, subject to *The Prescription Drugs Cost Assistance Act* and Regulations, in order to protect the residents of Manitoba from financial hardship resulting from expenses for eligible prescription drugs.

### The expected and actual results for 2005/06 included:

1. Provide reimbursement to beneficiaries and pharmacies for eligible prescription expenses covered under the program.
   - Pharmacare provided benefits to 87,654 families. Where beneficiaries had previously applied for Pharmacare benefits, reimbursement was delivered directly to pharmacies that were linked to Pharmacare through the Drug Programs Information Network, with medication expenses addressed at the time of dispensing. When beneficiaries chose to apply after their medication was received, reimbursement was forwarded by cheque.

2. Implement an improved electronic transfer process with Canada Revenue Agency for verifying incomes during the processing of Pharmacare applications for benefit coverage.
   - Pharmacare has continued to work with Canada Revenue Agency to develop a memorandum of understanding to improve the electronic transfer process used to verify incomes to facilitate the processing of Pharmacare applications.

**6(d) Pharmacare**

| Expenditures by Sub-Appropriation | Actual 2005/06 $(000's) | Estimate 2005/06 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|
| Other Expenditures | 206,624.7 | 205,657.3 | 967.4 | 1 |
| **Total Sub-Appropriation** | **206,624.7** | **205,657.3** | **967.4** | |

*Explanation Number:*

1. *Primarily due to higher average price per prescription and volume increases.*

# Addictions Foundation of Manitoba

The Addictions Foundation of Manitoba (AFM), among other service providers and along with the Department of Health and Healthy Living, represents initiatives under one of the seven pillars of the Manitoba Health and Healthy Living mandate, to reduce substance abuse through addictions strategies. AFM contributes to the health and wellbeing of Manitobans by addressing the harm associated with addictions through education, prevention, rehabilitation and research.

The Foundation's expenditures are contained in a separate Annual Report.

### Addictions Foundation of Manitoba is comprised of the following:

**Program Delivery (Alcohol and Other Drug Services)**
**Problem Gambling Services**

## Program Delivery

### The objectives were:

- To provide a range of programs and services in the Province of Manitoba to reduce the harm associated with alcohol, tobacco and other drug misuse.

### The expected and actual results for 2005/06 included:

1. Reduced involvement or harm with alcohol and other drugs.
   - Over 5,000 individuals were seen in adult treatment programs for alcohol and other drug problems. One thousand eight hundred and thirty five (1,835) youth were seen in various programs, ranging from residential programs to community-based. Issues related to providing services for youth are different from adults. The AFM effectively responds by providing a range of rehabilitation services, guided by best practices targeted to the unique needs of Manitoba's youth.
   - AFM's Impaired Driver's Program is an excellent example of a harm reduction program. It has been recommended as an effective model for intervening with both first time and repeat offenders. This year 1,747 offenders accessed the program.
   - The AFM Methadone Intervention and Needle Exchange (m.i.n.e.) program, was evaluated in 2005. Results showed a reduction in the harmful use of opiates, thus improving the health of users. At intake 66% of clients surveyed were using opiates; at the time of the survey 18% of clients were using opiates, thus indicating a reduction in the harmful use of opiates.
   - Sixty-nine percent of clients reported at intake they had taken drugs by injection at some point in their lives. At the time of the survey, 33% reported injecting drugs in the year prior and 75% reported using safe sexual practices. During their m.i.n.e. participation, 61% of clients were tested for HIV and 66% were tested for Hep. C. The program is making progress towards its goal of reducing the spread of infectious diseases.
   - The Manitoba Alcohol and other Drug Use Survey was a school-based survey conducted in 58 schools with over 6,500 students from grade 7 through Senior 4. The survey reports a 4% reduction in the use of cannabis and 6.7% in the use of alcohol from 1995 to 2004 in Manitoba students.

2. Improved physical/psychological health.
   - The AFM is committed to ensuring that all of its services are 'welcoming' to persons with co-occurring mental health and substance use disorders. It is committed to the creation of welcoming environments and welcoming practice which is part of an integrated system of care for persons with mental health and addiction disorders.
   - Forty percent of AFM's m.i.n.e. program clients reported improved eating habits, physical health, or mental health compared to before starting the program. In addition, 34% of clients reported fewer visits to a family doctor compared to before and 21% reported more visits after. The reason for the increase in the number of visits after is likely due to clients taking more of an interest in their physical wellbeing.

3. Improved family and/or social functioning.
   - Family functioning has improved for individuals attending our family program and families who are involved with the youth family program. A variety of programs are offered to assist and support families. These services are available to family members whether or not the member experiencing addiction problems is receiving service. AFM worked with 813 family clients.
   - Forty five percent of clients at AFM's m.i.n.e. program reported that their relationships had improved over time, citing increased trust and honesty with family and friends. The m.i.n.e. program is having a significant impact on the lives of a number of clients.

4. Improved employment and/or vocational/educational functioning.
   - Surveyed clients in the m.i.n.e. program showed a trend toward improved outcomes in education and employment. While 20% reported losing a job or being suspended from school within the last year at intake, only 11% reported this at the time of the survey.

5. Reduced involvement with criminal justice system.
   - In Winnipeg, Brandon and Thompson AFM staff provide assessments and counseling to youth clients involved with the criminal justice system.
   - Results of the m.i.n.e. evaluation indicate a reduction in criminal activity.
     - Pending court appearances (at intake = 14%; at time of survey = 6%)
     - Probation (at intake = 22%; at time of survey 6%)
     - Parole (at intake = 8%; at time of survey = 2%)
   - Given the lengthy criminal histories of some of the individuals, these findings reflect a significant lifestyle improvement.

6. Improved competencies at the community level, for taking action in addressing and/or preventing alcohol and other drug problems.
   - AFM Library provides Manitobans from all walks of life and from all parts of the province with resources and services that can assist with personal/family challenges, educational programming, healthcare/social service provision, workplace issues and prevention/rehabilitation program development, support and enrichment. The Library provides free, province-wide access to over 8,185 print resources, 1,208 audio-visual resources, 105 professional/academic journals and newsletters, and it operates as the distribution centre for AFM publications. A strong demand for resources/services continued in 2005/06 with: 6,367 resources circulated, 7,755 reference questions answered, 276 journal article and interlibrary loan requests filled and 1,023 information/orientation packages including brochures, booklets, reports, bibliographies and fact sheets distributed.
   - This year the Library achieved its highest level of use with 10,609 customers served. Over 80% of the 11,602 Manitobans registered as borrowers are members of the public and the user group continued to grow this year with the addition of 530 new Library patrons.
   - A school-based pilot project in the River East-Transcona S.D. was conducted to *"develop the capacity of the School Division and its surrounding community to provide prevention, education and intervention services targeted to youth alcohol, other drugs and gambling issues."*
   - Based on the identified students who completed both the pre and post-tests in the pilot, the following results were reported:
     - The students are learning to follow a process of weighing the pros and cons of each situation and to ask for help when needed (better decision-making skills).
     - Students are more aware that they cannot control the drinking behaviour of their family members and that it is not their fault if someone in their family is having issues with their alcohol, other drugs or gambling use.
     - Students are also more aware of community supports.
     - Although there were few parents seen by the Community Addictions Workers, the results suggest that they felt more knowledgeable and confident in dealing with their child who was experiencing AODG problems.
   - The full-time Community Addictions Worker delivered many AODG educational workshops during the school year. The results indicated that:
     - The majority of workshop participants enjoyed the session with 80% indicating that they will use the information learned to make healthy choices.
     - Individual interviews with school counselors revealed that the presence of Community Addictions Workers has been very positive in their schools.

7. Improved community health through the prevention, reduction, and/or elimination of alcohol and other drug problems.
   - The recently completed Canadian Addiction Survey could be considered a baseline for measuring community health. Unfortunately longitudinal surveys of community health have not been undertaken at this time.
   - Prevention Education Consultants throughout the province continued to provide standardized training, and customized workshops to the general public, community organizations and private organizations. AFM's Adult Education Services delivered a total of 47 standardized courses serving 543 participants. With respect to prevention education activities, AFM staff were involved in 2,869 prevention education events that were attended by 71,094 individuals for an average of close to 25 participants per activity.

8. Enhanced knowledge and understanding of the prevalence, risks, affects of alcohol, and other drug abuse.
   - AFM staff conducted over 1,150 public awareness workshops; a number of releases were held for the media announcing major research results; and staff set up 66 display booths at various events targeted to increase the understanding of addictions by the general public, media and professionals on current issues in the area of addictions.
   - Public service announcements have appeared on a monthly basis in the two major Winnipeg newspapers, totaling 103 advertisements. Thirty-two of these ads promoted AFM educational courses and 71 promoted the "Who is...?" series of ads.

9. Improved skill in the identification, recognition, intervention, rehabilitation, and referral of individuals experiencing problems with alcohol and other drugs.
   - Prevention Education Consultants continued to take the lead in working with community partners through:
     - Development and delivery of material and train the trainer modules for Manitoba Health and Healthy Living and CODI partners on Crystal Meth.
     - Training and evaluation of the Stop FASD and FASD mentorship program.
     - Community development and outreach with Partners Seeking Solutions including the development of the "Let's Talk Video and Guidebook".
     - AFM has developed a training package for healthcare and social service professionals to provide some basic information about Methamphetamine and its effects. This training provides an overview of the history, and the manufacture, pharmacology and rehabilitation implications of methamphetamine. Participants will also receive resources to assist them in providing this training to others.
     - "The Educator Series" which is marketed to guidance counselors and school clinicians within Winnipeg region and to all youth serving agencies within the City of Winnipeg. In total over 200 people participated in these ten workshops this past year.

## Problem Gambling Services

### The objectives were:

- To provide a range of programs and services for individuals and communities, to reduce the harm associated with gambling, including problem gambling awareness, prevention, intervention, and treatment for gamblers and their families.

### The expected and actual results for 2005/06 included:

1. Reduced involvement or harm with gambling.
   - Results from a formal evaluation of the Gambling Residential Rehabilitation Program indicate clients have increased their knowledge of gambling, which has resulted in reduced harm due to gambling in various life areas. Almost all of the short-term objectives were met, and for those who have returned to gambling, harm has been reduced in the long-term.

2. Increased community awareness of gambling issues, in order to improve competencies at the community level for taking action in addressing, and/or preventing gambling related problems.
   - Manitoba was the first jurisdiction in North America to open a responsible gaming information center in a casino in 2002. In the last two years, seven other provinces have opened Responsible Gaming Information Centers (RGIC) and most have received staff training and information from Manitoba. AFM staff provided on-site education, support and referral to counseling and have become an important source for information to gamblers.
   - RGICs staffed by trained AFM Gambling Counselors are located in the McPhillips Street Station (Dec. 2002) and Club Regent Casinos (Jan. 2005). Since the opening of the RGIC at McPhillips Street Station Casino, there have been 3,837 visits to the Centres and another 3,900 people have visited open houses.
   - In addition, gambling ads were purchased in eight Asian newspapers either on a monthly or quarterly basis.

3. Increased skills of professionals/para-professionals in identifying individuals requiring help, and referring them to the appropriate resource.
   - A 1-800 Helpline allows 24 hours a day, seven days a week contact with counselors. This year AFM contracted with Klinic to take calls after hours on weekdays and 24 hours on weekends. Klinic staff were trained by AFM in gambling addictions and this arrangement enhanced the service callers received when AFM offices are closed. In the past three years, the number of calls received were 3,136 (2003/04), 2,788 (2004/05) and 3,234 (2005/06).

4. Increased knowledge on the risks of gambling for adolescents throughout the province, to assist them in making better decisions.
   - The Keeping Your Shirt On and Keeping Youth Spirit Strong programs were developed in recognition of the need to educate young people about the potential problems associated with excessive gambling. It is delivered in a single classroom session, usually to students in grade 9. The goal of the program is to provide high school students with factual information about gambling so that the knowledge gained will help them make informed decisions about gambling responsibly in the future. Statistical tests support a conclusion that the program is effective for increasing knowledge, which is quite impressive for a prevention project with a single, brief intervention.
   - The "It's Your Lucky Day" gambling education program was developed in response to national research which indicates that prevention strategies may help to alleviate and/or prevent future harm due to problem gambling. This program is part of AFM's youth strategy, which now includes middle years as well as senior years students, and provides factual and reliable information to grades 7 and 8 students in order to prevent possible future harm from gambling. The "It's Your Lucky Day" program evaluation reports increased knowledge for most of its objectives, and students indicated that they enjoyed the inter-active session.

5. Increased knowledge through population surveys of the incidence of problem gambling in the province, generally and in select populations.
   - The "Student Gambling Report 2005", which is an in-depth analysis of factors related to adolescent gambling in Manitoba, provides an overview of results from a survey of 6,673 students from junior and senior high schools.
     - In the preceding year, 38% of students in grades 7 to Senior 4 reported gambling in some form.
     - Students generally gamble at home and with their friends or family members, although a small number are engaging in gambling activities in bars or casinos.
     - Cards, sporting events, and raffles/silent auctions were the most common forms of gambling activity followed by bingo, lottery tickets, computer/video games and scratch tabs/break opens.
     - Males reporting gambling significantly more than females.
     - Problem gambling was displayed by 2.3% of the sample as measured by the DSM-IV-MR-J with males being significantly more likely to display problem gambling behavior.
     - Problem gamblers were more likely to have started gambling at a younger age.
     - Problem gamblers were more likely to have consumed alcohol, to be heavy drinkers and to show signs of alcohol dependence.
     - Problem gamblers were more likely to have used marijuana, smoked cigarettes and used other illicit drugs.
     - Problem gamblers had lower grades and a higher percentage were skipping class, failing school and engaging in acts of delinquency.
     - A higher percentage of problem gamblers had been prescribed medication for mental health and behavioral problems (depression, anxiety, ADHD, ADD and eating disorders).

**7 Addictions Foundation of Manitoba**

| Expenditures by Sub-Appropriation | Actual 2005/06 $(000's) | Estimate 2005/06 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|
| Other Expenditures | 13,176.0 | 13,176.4 | (0.4) | |
| **Total Sub-Appropriation** | **13,176.0** | **13,176.4** | **(0.4)** | |

# Capital Funding

Provides funding to health authorities for principal repayment on approved borrowing, equipment purchases, and other capital expenditures.

## Principal Repayments

**The objectives were:**

- To provide funding to the RHA for principal repayment on approved borrowing.

**The expected and actual results for 2005/06 included:**

1. Principal repayment of long-term debt supporting capital and equipment approved expenditures.
   - Principal repayment on long-term debt totaled $43.4 million, an increase of $6.3 million from last year.

2. Increase to long-term debt as construction projects completed.
   - Long-term debt increased as the result of completion of construction projects.

3. Decrease to long-term debt as approved borrowings are fully repaid.
   - Long-term debt decreased as the result of approved borrowings being fully repaid.

**8(a) Principal Repayments**

| Expenditures by Sub-Appropriation | Actual 2005/06 $(000's) | Estimate 2005/06 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|
| Acute Care | 33,384.4 | 35,007.1 | (1,622.7) | |
| Long Term Care | 10,889.9 | 11,917.1 | (1,027.2) | |
| Community and Mental Health Services and Provincial Programs | 1,488.0 | 785.1 | 702.9 | |
| **Total Sub-Appropriation** | **45,762.3** | **47,709.3** | **(1,947.0)** | |

## Equipment Purchases and Replacements

**The objectives were:**

- To provide timely funding to RHAs and CCMB for outright cash expenditures for medical equipment supported by appropriate review, sign off and documentation.

**The expected and actual results for 2005/06 included:**

1. Acquisition of specialized and basic equipment to support critical care, surgical, medical, diagnostic services and community programs.
   - Actual expenditures for the acquisition of specialized and basic equipment totaled $29.5 million.

**8(b) Equipment Purchases and Replacements**

| Expenditures by Sub-Appropriation | Actual 2005/06 $(000's) | Estimate 2005/06 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|
| Acute Care | 28,215.8 | 26,272.3 | 1,943.5 | |
| Long Term Care | 1,295.5 | 1,122.6 | 172.9 | 1 |
| **Total Sub-Appropriation** | **29,511.3** | **27,394.9** | **2,116.4** | |

*Explanation Number:*

1. *Increase in basic equipment funding.*

## Other Capital

**The objectives were:**

- To provide timely funding to RHAs and CCMB for outright cash expenditures for major capital projects, safety and security projects and information technology projects in accordance with policy parameters.

**The expected and actual results for 2005/06 included:**

1. Completion of other capital projects.
   - Actual expenditures for other capital totaled $5.0 million.

**8(c) Other Capital**

| Expenditures by Sub-Appropriation | Actual 2005/06 $(000's) | Estimate 2005/06 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|
| Acute Care | 4,163.1 | 4,550.7 | (387.6) | |
| Long Term Care | 868.7 | 1,100.0 | (231.3) | 1 |
| **Total Sub-Appropriation** | **5,031.8** | **5,650.7** | **(618.9)** | |

*Explanation Number:*

1. *Timing in completing capital projects.*

## Costs Related to Capital Assets

Provides for the amortization of capital assets, and for interest expense related to capital investment borrowing.

**The objectives were:**

- To provide for the amortization of capital assets.
- To provide for interest expense related to capital investment borrowing.

**The expected and actual results for 2005/06 included:**

1. The systematic write-off to expense of the cost of an asset over its expected economic useful life.
   - Write-off to expenses of the costs of assets over the economic useful life of the asset was done.

2. The payment of interest expense on capital investment borrowing.
   - Interest expense on capital investment borrowing was paid.

**9 Costs Related to Capital Assets**

| Expenditures by Sub-Appropriation | Actual 2005/06 $(000's) | Estimate 2005/06 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|
| Desktop Services | 438.5 | 438.7 | (0.2) | |
| Amortization Expense | 2,365.7 | 2,441.8 | (76.1) | |
| Interest Expense | 825.7 | 1,143.2 | (317.5) | 1 |
| **Total Sub-Appropriation** | **3,629.9** | **4,023.7** | **(393.8)** | |

*Explanation Number:*

1. *The under-expenditure is primarily due to the timing in completing projects.*

# Financial Report Summary Information Part 1

## Manitoba Health and Healthy Living
**Reconciliation Statement**
**April 1, 2005 – March 31, 2006**

| DETAILS | 2005/06 ESTIMATES ($000s) |
|---|---|
| 2005/06 Main Estimates: | 3,389,760.2 (1) |
| Allocation of Funds from:<br>Enabling Appropriations | |
| **2005/06 Estimates:** | **3,389,760.2** |

*(1) Although included in the above Estimate, details of the Addictions Foundation of Manitoba expenditures are reported in a separate Annual Report.*

**Manitoba Health and Healthy Living**
**Expenditure Summary**
for fiscal year ended March 31, 2006

| Estimate 2005/06 $(000s) | | Appropriation | Actual [1] 2005/06 $(000s) | Actual [2] 2004/05 $(000s) | Increase (Decrease) $(000s) | Expl. No. |
|---|---|---|---|---|---|---|
| | **21-1** | **Administration and Finance** | | | | |
| 58.8 | 21 1a | Ministers' Salaries | 59.4 | 57.8 | 1.6 | |
| | 21-1b | Executive Support | | | | |
| 980.0 | | 1 Salaries and Employee Benefits | 1,108.7 | 1,013.8 | 94.9 | |
| 233.7 | | 2 Other Expenditures | 207.4 | 210.1 | (2.7) | |
| | 21-1c | Finance | | | | |
| 3,971.9 | | 1 Salaries and Employee Benefits | 3,871.7 | 3,920.8 | (49.1) | |
| 1,187.7 | | 2 Other Expenditures | 1,274.4 | 1,156.1 | 118.3 | |
| | 21-1d | Central Services | | | | |
| 1,934.6 | | 1 Salaries and Employee Benefits | 1,801.8 | 1,780.4 | 21.4 | |
| 291.7 | | 2 Other Expenditures | 285.9 | 275.8 | 10.1 | |
| 131.7 | | 3 External Agencies | 90.8 | 64.7 | 26.1 | |
| **8,790.1** | | **Total Appropriation 21-1** | **8,700.1** | **8,479.5** | **220.6** | |

**Manitoba Health and Healthy Living**

**Expenditure Summary**

for fiscal year ended March 31, 2006

| Estimate 2005/06 $(000s) | | Appropriation | Actual [1] 2005/06 $(000s) | Actual [2] 2004/05 $(000s) | Increase (Decrease) $(000s) | Expl. No. |
|---|---|---|---|---|---|---|
| | **21-2** | **Policy, Planning and Program Support** | | | | |
| | 21-2a | Administration | | | | |
| 227.8 | | 1 Salaries and Employee Benefits | 202.5 | 206.9 | (4.4) | |
| 34.1 | | 2 Other Expenditures | 47.3 | 49.6 | (2.3) | |
| | 21-2b | Information Systems | | | | |
| 4,169.2 | | 1 Salaries and Employee Benefits | 4,189.2 | 4,246.3 | (57.1) | |
| 912.9 | | 2 Other Expenditures | 1,267.7 | 1,064.1 | 203.6 | 1 |
| 3,943.5 | | 3 Provincial Program Support Cost | 3,457.4 | 4,138.5 | (681.1) | |
| 426.2 | | 4 External Agencies | 37.7 | 51.0 | (13.3) | |
| | | | | | - | |
| | 21-2c | Provincial Drug Programs | | | - | |
| 2,035.0 | | 1 Salaries and Employee Benefits | 2,015.4 | 1,840.0 | 175.4 | |
| 653.4 | | 2 Other Expenditures | 529.3 | 600.8 | (71.5) | |
| | 21-2d | Policy and Planning | | | - | |
| 2,202.8 | | 1 Salaries and Employee Benefits | 2,155.6 | 2,153.9 | 1.7 | |
| 1,239.6 | | 2 Other Expenditures | 1,106.7 | 1,350.0 | (243.3) | 2 |
| 518.8 | | 3 External Agencies | 518.8 | | 518.8 | |
| | 21-2e | Manitoba Centre for Health Policy | | | | |
| 1,850.0 | | 1 Other Expenditures | 1,850.0 | 1,850.0 | - | |
| **18,213.3** | | **Total Appropriation 21-2** | **17,377.6** | **17,551.1** | **(173.5)** | |

*Explanation Number:*

1. Miscellaneous operating over-expenditures
2. Miscellaneous operating under-expenditures

**Manitoba Health and Healthy Living**
**Expenditure Summary**
for fiscal year ended March 31, 2006

| Estimate 2005/06 $(000s) | | Appropriation | Actual [1] 2005/06 $(000s) | Actual [2] 2004/05 $(000s) | Increase (Decrease) $(000s) | Expl. No. |
|---|---|---|---|---|---|---|
| | **21-3** | **Health Workforce** | | | | |
| | 21-3a | Insured Benefits | | | | |
| 5,496.1 | | 1 Salaries and Employee Benefits | 5,886.3 | 5,962.5 | (76.2) | |
| 2,075.1 | | 2 Other Expenditures | 2,099.3 | 1,878.2 | 221.1 | |
| | 21-3b | Health Labour Relations | | | | |
| 916.7 | | 1 Salaries and Employee Benefits | 818.8 | 779.1 | 39.7 | |
| 562.3 | | 2 Other Expenditures | 278.1 | 221.3 | 56.8 | |
| 728.8 | | 3 External Agencies | 592.0 | 660.7 | (68.7) | |
| | 21-3c | Workforce Policy and Planning | | | | |
| 486.3 | | 1 Salaries and Employee Benefits | 582.8 | 492.7 | 90.1 | |
| 57.6 | | 2 Other Expenditures | 259.9 | 48.6 | 211.3 | |
| **10,322.9** | | **Total Appropriation 21-3** | **10,517.2** | **10,043.1** | **474.1** | |

**Manitoba Health and Healthy Living**
**Expenditure Summary**
for fiscal year ended March 31, 2006

| Estimate 2005/06 $(000s) | | Appropriation | Actual [1] 2005/06 $(000s) | Actual [2] 2004/05 $(000s) | Increase (Decrease) $(000s) | Expl. No. |
|---|---|---|---|---|---|---|
| | **21-4** | **Regional Affairs** | | | | |
| | 21-4a | Administration | | | | |
| 398.9 | | 1 Salaries and Employee Benefits | 380.3 | 389.4 | (9.1) | |
| 38.6 | | 2 Other Expenditures | 59.7 | 54.6 | 5.1 | |
| | 21-4b | French Language Services | | | | |
| 58.2 | | 1 Salaries and Employee Benefits | 58.9 | 54.7 | 4.2 | |
| 10.5 | | 2 Other Expenditures | 6.2 | 6.5 | (0.3) | |
| | 21-4c | Capital Planning | | | | |
| 735.6 | | 1 Salaries and Employee Benefits | 786.1 | 711.9 | 74.2 | |
| 208.0 | | 2 Other Expenditures | 177.3 | 154.7 | 22.6 | |
| | 21-4d | Urban Regional Support | | | | |
| 1,012.8 | | 1 Salaries and Employee Benefits | 1,079.2 | 1,001.1 | 78.1 | |
| 370.0 | | 2 Other Expenditures | 295.8 | 335.1 | (39.3) | |
| 227.3 | | 3 External Agencies | 223.7 | 223.7 | - | |
| | 21-4e | Northern and Rural Support | | | | |
| 699.5 | | 1 Salaries and Employee Benefits | 688.6 | 702.4 | (13.8) | |
| 231.9 | | 2 Other Expenditures | 168.3 | 174.8 | (6.5) | |
| | 21-4f | Regionalization Support Unit | | | | |
| 386.6 | | 1 Salaries and Employee Benefits | 416.8 | 405.4 | 11.4 | |
| 51.2 | | 2 Other Expenditures | 41.4 | 50.3 | (8.9) | |

**Manitoba Health and Healthy Living**
**Expenditure Summary**
for fiscal year ended March 31, 2006

| Estimate 2005/06 $(000s) | | Appropriation | Actual [1] 2005/06 $(000s) | Actual [2] 2004/05 $(000s) | Increase (Decrease) $(000s) | Expl. No. |
|---|---|---|---|---|---|---|
| | 21-4g | Disaster Management | | | | |
| 171.4 | | 1 Salaries and Employee Benefits | 259.2 | 204.7 | 54.5 | |
| 65.7 | | 2 Other Expenditures | 119.0 | 61.2 | 57.8 | |
| | 21-4h | Primary Health Care | | | | |
| 255.3 | | 1 Salaries and Employee Benefits | 209.3 | 279.2 | (69.9) | |
| 62.0 | | 2 Other Expenditures | 58.3 | 58.0 | 0.3 | |
| | 21-4i | Emergency Medical Services | | | | |
| 931.5 | | 1 Salaries and Employee Benefits | 971.5 | 925.1 | 46.4 | |
| 5,018.0 | | 2 Other Expenditures | 5,010.1 | 4,711.2 | 298.9 | |
| 22.5 | | 3 External Agencies | 16.4 | 10.6 | 5.8 | |
| | 21-4j | Northern Nursing Stations | | | | |
| 1,212.8 | | 1 Salaries and Employee Benefits | 1,540.5 | 1,255.8 | 284.7 | 1 |
| 1,514.4 | | 2 Other Expenditures | 1,317.9 | 1,106.3 | 211.6 | 2 |
| | 21-4k | Blood Programs | | | | |
| 155.3 | | 1 Salaries and Employee Benefits | 164.3 | 163.9 | 0.4 | |
| 40.6 | | 2 Other Expenditures | 135.4 | 135.7 | (0.3) | |
| **13,878.6** | | **Total Appropriation 21-4** | **14,184.2** | **13,176.3** | **1,007.9** | |

*Explanation Number:*

1. Miscellaneous salary over-expenditures
2. Miscellaneous operating over-expenditures

**Manitoba Health and Healthy Living**
**Expenditure Summary**
for fiscal year ended March 31, 2006

| Estimate 2005/06 $(000s) | | Appropriation | Actual [1] 2005/06 $(000s) | Actual [2] 2004/05 $(000s) | Increase (Decrease) $(000s) | Expl. No. |
|---|---|---|---|---|---|---|
| | **21-5** | **Healthy Living and Health Programs** | | | | |
| | 21-5a | Administration | | | | |
| 269.4 | | 1 Salaries and Employee Benefits | 268.5 | 296.8 | (28.3) | |
| 285.2 | | 2 Other Expenditures | 278.2 | 279.9 | (1.7) | |
| 5,220.1 | | 3 External Agencies | 5,210.1 | 5,015.6 | 194.5 | |
| | 21-5b | Mental Health and Addictions | | | | |
| 572.7 | | 1 Salaries and Employee Benefits | 393.3 | 590.2 | (196.9) | |
| 492.4 | | 2 Other Expenditures | 650.4 | 555.0 | 95.4 | |
| | 21-5c | Chief Provincial Psychiatrist | | | | |
| 267.2 | | 1 Salaries and Employee Benefits | 270.1 | 274.1 | (4.0) | |
| 66.2 | | 2 Other Expenditures | 49.3 | 55.0 | (5.7) | |
| | 21-5d | Aboriginal Health | | | | |
| 322.1 | | 1 Salaries and Employee Benefits | 336.6 | 448.4 | (111.8) | |
| 253.9 | | 2 Other Expenditures | 297.6 | 202.6 | 95.0 | |
| | 21-5e-1 | Public Health and Epidemiology | | | | |
| 2,383.0 | | 1 Salaries and Employee Benefits | 2,324.5 | 2,121.0 | 203.5 | |
| 3,053.4 | | 2 Other Expenditures | 3,290.7 | 3,510.2 | (219.5) | |
| 10,855.4 | | 3 Vaccines | 14,787.5 | 11,816.8 | 2,970.7 | 1 |
| 511.5 | | 4 External Agencies | 477.5 | 312.1 | 165.4 | |
| | 21-5e-2 | Cadham Provincial Laboratory Services | | | | |
| 4,770.8 | | 1 Salaries and Employee Benefits | 5,400.2 | 5,155.5 | 244.7 | |
| 3,977.4 | | 2 Other Expenditures | 4,379.1 | 4,191.7 | 187.4 | |

**Manitoba Health and Healthy Living**

**Expenditure Summary**

for fiscal year ended March 31, 2006

| Estimate 2005/06 $(000s) | | Appropriation | Actual [1] 2005/06 $(000s) | Actual [2] 2004/05 $(000s) | Increase (Decrease) $(000s) | Expl. No. |
|---|---|---|---|---|---|---|
| | 21-5f | Office of the Chief Medical Officer of Health | | | | |
| 2,685.2 | | 1 Salaries and Employee Benefits | 3,129.9 | 2,521.5 | 608.4 | 2 |
| 2,625.4 | | 2 Other Expenditures | 1,741.6 | 1,725.0 | 16.6 | |
| | 21-5g | Selkirk Mental Health Centre | | | | |
| 22,423.0 | | 1 Salaries and Employee Benefits | 22,972.3 | 22,320.0 | 652.3 | |
| 3,149.0 | | 2 Other Expenditures | 3,910.1 | 3,909.0 | 1.1 | |
| | 21-5h | Healthy Populations | | | | |
| 507.1 | | 1 Salaries and Employee Benefits | 529.2 | 476.3 | 52.9 | |
| 1,215.4 | | 2 Other Expenditures | 858.3 | 643.5 | 214.8 | |
| **65,905.8** | | **Total Appropriation 21-5** | **71,555.0** | **66,420.2** | **5,134.8** | |

*Explanation Number:*

1. Increase in expanded childhood vaccine program and other price and volume increases
2. Fewer vacant positions and increased costs related to newly-ratified MMA Agreement

**Manitoba Health and Healthy Living**
**Expenditure Summary**
for fiscal year ended March 31, 2006

| Estimate 2005/06 $(000s) | | Appropriation | Actual [1] 2005/06 $(000s) | Actual [2] 2004/05 $(000s) | Increase (Decrease) $(000s) | Expl. No. |
|---|---|---|---|---|---|---|
| | **21-6** | **Health Services Insurance Fund** | | | | |
| | 21-6a | Funding to Health Authorities | 1,419,680.2 | 1,348,703.8 | 70,976.4 | 1 |
| 1,433,303.5 | | Acute Care Services | 445,588.4 | 427,777.3 | 17,811.1 | 1 |
| 436,150.3 | | Long Term Care Services | 225,854.7 | 207,743.0 | 18,111.7 | 1 |
| 217,453.3 | | Home Care Services | 157,913.6 | 143,839.2 | 14,074.4 | 1 |
| 149,568.3 | | Community and Mental Health Services | 32,179.2 | 31,074.6 | 1,104.6 | |
| 33,615.5 | | Emergency Response and Transport Services | (7,001.7) | (6,716.6) | (285.1) | |
| (7,130.9) | | Third Party Recoveries | (38,607.6) | (36,431.9) | (2,175.7) | 2 |
| (39,306.2) | | Reciprocal Recoveries | (2,000.0) | (2,000.0) | - | |
| (2,000.0) | | Recoverable from Urban Development Initiativ | | | | |
| | 21-6b | Provincial Health Services | 28,850.6 | 23,785.1 | 5,065.5 | 3 |
| | | Out of Province | 47,814.9 | 44,996.8 | 2,818.1 | 4 |
| 30,140.6 | | Blood Transfusion Services | 1,957.8 | 2,780.2 | (822.4) | 5 |
| 47,860.4 | | Federal Hospitals | 8,516.5 | 8,097.1 | 419.4 | |
| 1,668.5 | | Prosthetic and Orthotic Devices | 11,436.1 | 11,158.3 | 277.8 | |
| 7,126.0 | | Healthy Communities Development | 1,483.2 | 1,700.0 | (216.8) | |
| 12,906.3 | | Nursing Recruitment and Retention Initiatives | | | | |
| 1,700.0 | | | | | | |
| | 21-6c | Medical | 653,277.5 | 601,212.9 | 52,064.6 | 6 |
| | | Physician Services | 14,720.4 | 12,872.4 | 1,848.0 | 7 |
| 618,629.4 | | Other Professionals | 20,455.6 | 18,949.4 | 1,506.2 | |
| 12,548.4 | | Out of Province Physicians | 10,955.5 | 11,624.5 | 1,203.5 | 8 |
| 17,793.9 | | Other | (4,912.5) | (3,483.8) | (1,428.7) | 9 |
| 11,624.4 | | Third Party Recoveries | (10,604.1) | (10,238.0) | (366.1) | |
| (4,804.8) | | Reciprocal Recoveries | | | | |
| (9,809.7) | | | | | | |

**Manitoba Health and Healthy Living**

**Expenditure Summary**

for fiscal year ended March 31, 2006

| Estimate 2005/06 $(000s) | | Appropriation | Actual [1] 2005/06 $(000s) | Actual [2] 2004/05 $(000s) | Increase (Decrease) $(000s) | Expl. No. |
|---|---|---|---|---|---|---|
| 205,657.3 | 21-6d | Pharmacare Other Expenditures | 206,624.7 | 194,409.8 | 12,214.9 | 10 |
| **3,174,694.5** | | **Total Appropriation 21-6** | **3,224,183.0** | **3,031,854.1** | **192,328.9** | |

*Explanation Number:*

1. Primarily the increase in base line funding to the RHAs
2. Primarily price and volume increase in out-patient recoveries
3. Primarily price and volume increase
4. Primarily price and volume increase in fractionation costs
5. Price and volume decrease in out-patient services
6. Primarily price and volume increase in physician services
7. Primarily price and volume increase in chiropractic and optometric services
8. Price and volume increase in out of province physician services
9. Primarily price and volume increase in MPIC recoveries
10. Price and volume increase in prescriptions

**Manitoba Health and Healthy Living**

**Expenditure Summary**

for fiscal year ended March 31, 2006

| Estimate 2005/06 $(000s) | | Appropriation | Actual [1] 2005/06 $(000s) | Actual [2] 2004/05 $(000s) | Increase (Decrease) $(000s) | Expl. No. |
|---|---|---|---|---|---|---|
| | **21-7** | **Addictions Foundation of Manitoba [3]** | | | | |
| 13,176.4 | | Other Expenditures | 13,176.0 | 12,890.0 | 286.0 | |
| **13,176.4** | | **Total Appropriation 21-7** | **13,176.0** | **12,890.0** | **286.0** | |
| | **21-8** | **Capital Funding** | | | | |
| | 21-8a | Principal Repayments | 33,384.4 | 25,106.8 | 8,277.6 | 1 |
| 35,007.1 | | 1 Acute Care | 10,889.9 | 13,209.3 | (2,319.4) | 2 |
| 11,917.1 | | 2 Long Term Care | 1,488.0 | 751.5 | 736.5 | 1 |
| 785.1 | | 3 Community and Mental Health Services and Provincial Programs | | | | |
| | 21-8b | Equipment Purchases and Replacements | 28,215.8 | 25,101.6 | 3,114.2 | 3 |
| 26,272.3 | | 1 Acute Care | 1,295.5 | 1,295.5 | - | |
| 1,122.6 | | 2 Long Term Care | | | | |
| | 21-8c | Other Capital | 4,163.1 | 6,592.6 | (2,429.5) | 4 |
| 4,550.7 | | 1 Acute Care | 868.7 | 1,831.7 | (963.0) | 4 |
| 1,100.0 | | 2 Long Term Care | | | | |
| **80,754.9** | | **Total Appropriation 21-8** | **80,305.4** | **73,889.0** | **6,416.4** | |

*Explanation Number:*

1. Primarily debt servicing for new projects
2. Primarily reduced debt servicing for paid up loans
3. Price and volume increase in Diagnostic Medical Equipment
4. Fewer capital projects

**Manitoba Health and Healthy Living**

**Expenditure Summary**

for fiscal year ended March 31, 2006

| Estimate 2005/06 $(000s) | | Appropriation | Actual [1] 2005/06 $(000s) | Actual [2] 2004/05 $(000s) | Increase (Decrease) $(000s) | Expl. No. |
|---|---|---|---|---|---|---|
| | **21-9** | **Costs Related to Capital Assets** | | | | |
| 438.7 | 21-9a | Desktop Services | 438.5 | 438.5 | - | |
| 2,441.8 | 21-9b | Amortization Expense | 2,365.7 | 1,976.2 | 389.5 | 1 |
| 1,143.2 | 21-9c | Interest Expense | 825.7 | 907.1 | (81.4) | |
| **4,023.7** | | **Total Appropriation 21-9** | **3,629.9** | **3,321.8** | **308.1** | |
| **3,389,760.2** | | **Total Appropriation 21** | **3,443,628.4** | **3,237,625.1** | **206,003.3** | |

*Explanation Number:*

1. Primarily debt servicing for new projects

Footnotes:

(1) Actuals for 2005/06 are based on year-end expenditure analysis report dated July 26, 2006.

(2) Prior year's comparative figures have been reorganized where necessary to conform with the presentation adopted for the fiscal year ended March 31, 2006.

(3) Details of the Addictions Foundation of Manitoba expenditures are reported in a separate Annual Report.

**Manitoba Health and Healthy Living**
**Revenue Summary by Source**
for fiscal year ended March 31, 2006

| Actual [1] 2005/06 $(000s) | Actual [2] 2004/05 $(000s) | Increase (Decrease) $(000s) | Expl. No. | Source | Actual [1] 2005/06 $(000s) | Estimate 2005/06 $(000s) | Variance $(000s) | Expl. No. |
|---|---|---|---|---|---|---|---|---|
| | | | | **1. Government of Canada:** | | | | |
| 5,916.8 | 8,642.7 | (2,725.9) | 1 | a) Primary Health Care Transition Fund | 5,916.8 | 6,004.8 | (88.0) | |
| 2,070.1 | 2,684.8 | (614.7) | 1 | b) Medical Equipment Fund | 2,070.1 | 2,247.1 | (177.0) | |
| 16,589.6 | 26,634.3 | (10,044.7) | 1 | c) Diagnostic Medical Equipment Fund | 16,589.6 | 18,200.0 | (1,610.4) | |
| (46.0) | 54,886.0 | (54,932.0) | 2 | d) Health Reform Fund | (46.0) | - | (46.0) | |
| - | 14,618.5 | (14,618.5) | 3 | e) Public Health and Immunization Fund | | - | - | |
| **24,530.5** | **107,466.3** | **(82,935.8)** | | **Sub-Total Health Funds** | **24,530.5** | **26,451.9** | **(1,921.4)** | |
| 4,368.3 | 4,368.3 | - | | f) Labour Market Agreements for People with Disabilities | 4,368.3 | 4,368.3 | - | |
| 591.8 | 562.6 | 29.2 | | g) Alcohol and Drug Treatment and Rehabilitation | 591.8 | 391.8 | 200.0 | |
| **4,960.1** | **4,930.9** | **29.2** | | **Sub-Total Other Agreements** | **4,960.1** | **4,760.1** | **200.0** | |
| | | | | **2. Other Revenue:** | | | | |
| 4,781.4 | 4,125.4 | 656.0 | 4 | a) Sundry | 4,781.4 | 3,534.0 | 1,247.4 | 4 |
| **34,272.0** | **116,522.6** | **(82,250.6)** | | **Total Revenue** | **34,272.0** | **34,746.0** | **(474.0)** | |

*Explanation Number:*

1. Nearing completion of the program
2. Funding transferred over to Central Finance in 2005/06
3. One-time funding during 2004/05
4. Primarily due to new Federal funding agreements

*Footnotes:*

(1) Actuals for 2005/06 are based on year-end expenditure analysis report dated July 26, 2006.
(2) Prior year's comparative figures have been reorganized where necessary to conform with the presentation adopted for the fiscal year ended March 31, 2006.

## Manitoba Health and Healthy Living
## Five Year Expenditure and Staffing Summary by Appropriation
for years ending March 31, 2002 to March 31, 2006

| Appropriation | 2001/02 [3] FTE | 2001/02 [3] $(000s) | 2002/03 [2] FTE | 2002/03 [2] $(000s) | 2003/04 [2] FTE | 2003/04 [2] $(000s) | 2004/05 [2] FTE | 2004/05 [2] $(000s) | 2005/06 [1] FTE | 2005/06 [1] $(000s) |
|---|---|---|---|---|---|---|---|---|---|---|
| 21-1 Administration, Finance and Accountability | 121.79 | 7,832.7 | 121.79 | 8,203.1 | 122.00 | 8,640.4 | 119.00 | 8,479.5 | 119.00 | 8,700.1 |
| 21-2 Policy, Planning and Program Support | 153.25 | 18,891.5 | 153.25 | 18,611.1 | 153.75 | 17,660.9 | 142.75 | 17,551.1 | 144.75 | 17,377.6 |
| 21-3 Health Workforce | 147.79 | 9,212.1 | 149.29 | 9,771.3 | 148.29 | 9,789.6 | 147.29 | 10,043.1 | 146.29 | 10,517.2 |
| 21-4 Regional Affairs | 81.37 | 10,233.4 | 81.37 | 11,909.8 | 81.37 | 12,547.6 | 90.37 | 13,176.3 | 90.37 | 14,184.2 |
| 21-5 Healthy Living and Health Programs | 594.19 | 52,734.0 | 594.19 | 52,463.7 | 601.19 | 58,888.6 | 582.69 | 66,420.2 | 577.69 | 71,555.0 |
| 21-6 Health Services Insurance Fund | | 2,501,989.7 | | 2,649,489.4 | | 2,841,431.3 | | 3,031,854.1 | | 3,224,183.0 |
| 21-7 Addictions Foundation of Manitoba [3] | | 11,511.6 | | 11,741.6 | | 12,834.7 | | 12,890.0 | | 13,176.0 |
| 21-8 Capital Funding | | 70,696.7 | | 83,092.4 | | 95,635.2 | | 73,889.0 | | 80,305.4 |
| 21-9 Costs Related to Capital Assets | | 2,697.0 | | 2,824.5 | | 2,659.7 | | 3,321.8 | | 3,629.9 |
| Total Departmental Expenditures | 1,098.39 | 2,685,798.7 | 1,099.89 | 2,848,106.9 | 1,106.60 | 3,060,088.0 | 1,082.10 | 3,237,625.1 | 1,078.10 | 3,443,628.4 |

*Footnotes:*

*(1) Actuals for 2005/06 are based on year-end expenditure analysis report dated July 26, 2006.*

*(2) Prior years' comparative figures have been restated, where necessary to conform with the presentation adopted for the fiscal year ending March 31, 2006.*

*(3) Addictions Foundation of Manitoba expenditures are reported in a separate Annual Report.*

## Manitoba Health Services Insurance Plan
## Five-Year Expenditure Summary

for years ending March 31, 2002 - March 31, 2006 [1]

| Program | 2001/02 $(000s) | 2002/03 $(000s) | 2003/04 $(000s) | 2004/05 $(000s) | 2005/06 $(000s) |
|---|---|---|---|---|---|
| Facilities & Health Authorities | 1,836,674.2 | 1,950,099.8 | 2,072,894.7 | 2,187,878.4 | 2,313,912.2 |
| Medical [2] | 522,339.6 | 543,523.3 | 588,077.4 | 630,937.4 | 683,892.4 |
| Provincial Programs [3] | 76,890.0 | 78,146.7 | 91,289.9 | 92,517.5 | 100,059.1 |
| Pharmacare | 136,782.6 | 160,812.0 | 184,804.5 | 194,409.8 | 206,624.7 |
| **Total** | **2,572,686.4** | **2,732,581.8** | **2,937,066.5** | **3,105,743.1** | **3,304,488.4** |

*Footnotes:*

*(1) Prior year's comparative figures have been restated where necessary, to conform with the presentation adopted for the fiscal year ending March 31, 2006.*

*(2) Includes fee-for-service, alternate payments, private laboratory and x-ray facilities, Oral, Dental, and Periodontal Surgery, as well as Chiropractic and Optometric.*

*(3) Included in Provincial Programs are Out of Province facilities, Blood Transfusion Services, Federal Hospitals, Prosthetic and Orthotic Devices, Healthy Communities Development, and Nursing Recruitment and Retention Initiatives.*

## Regional Health Authorities and Other Facilities
## Net Manitoba Health Payments

| Assiniboine Regional Health Authority | 2004/05 | 2005/06 |
|---|---|---|
| Acute Care Services - Operating | 43,263,137 | 49,079,272 |
| Long Term Care Services - Operating | 35,963,064 | 33,924,240 |
| Emergency Response and Transportation Services | 2,513,856 | 2,694,000 |
| Medical | 11,569,656 | 12,485,395 |
| Home Care | 11,094,000 | 11,824,632 |
| Community and Mental Health | 4,427,712 | 5,551,656 |
| Acute Care Services - Capital | 1,552,504 | 1,071,165 |
| Long Term Care Services - Capital | 1,633,689 | 650,520 |
| Community - Capital | 340,896 | - |
| **Total Assiniboine Regional Health Authority** | **112,358,514** | **117,280,880** |

| Brandon Regional Health Authority | 2004/05 | 2005/06 |
|---|---|---|
| Acute Care Services - Operating | 93,472,463 | 92,907,876 |
| Long Term Care Services - Operating | 16,482,120 | 17,103,168 |
| Emergency Response and Transportation Services | 220,128 | 220,128 |
| Medical | 6,551,801 | 7,240,224 |
| Home Care | 5,166,504 | 5,395,584 |
| Community and Mental Health | 14,532,288 | 15,741,168 |
| Acute Care Services - Capital | 5,234,369 | 2,502,794 |
| Long Term Care Services - Capital | 575,807 | 688,631 |
| Community - Capital | - | - |
| **Total Brandon Regional Health Authority** | **142,235,480** | **141,799,573** |

| Burntwood Regional Health Authority | 2004/05 | 2005/06 |
|---|---|---|
| Acute Care Services - Operating | 26,733,796 | 27,385,965 |
| Long Term Care Services - Operating | 372,336 | 372,336 |
| Emergency Response and Transportation Services | 3,804,672 | 3,846,312 |
| Medical | 11,594,060 | 12,707,568 |
| Home Care | 1,255,584 | 1,357,848 |
| Community and Mental Health | 5,358,120 | 5,967,456 |
| Acute Care Services - Capital | 1,952,243 | 530,216 |
| Long Term Care Services - Capital | - | 1,450 |
| Community - Capital | - | 106,512 |
| **Total Burntwood Regional Health Authority** | **51,070,811** | **52,275,663** |

## Regional Health Authorities and Other Facilities
## Net Manitoba Health Payments

| CancerCare Manitoba | 2004/05 | 2005/06 |
|---|---|---|
| Acute Care Services - Operating | 45,282,201 | 47,380,584 |
| Long Term Care Services - Operating | - | - |
| Emergency Response and Transportation Services | - | - |
| Medical | 7,978,707 | 7,976,664 |
| Home Care | - | - |
| Community and Mental Health | - | - |
| Acute Care Services - Capital | 4,170,222 | 4,754,120 |
| Long Term Care Services - Capital | - | - |
| Community - Capital | - | - |
| **Total CancerCare Manitoba** | **57,431,130** | **60,111,368** |

| Central Regional Health Authority | 2004/05 | 2005/06 |
|---|---|---|
| Acute Care Services - Operating | 57,150,794 | 59,426,482 |
| Long Term Care Services - Operating | 32,022,312 | 32,364,840 |
| Emergency Response & Transportation Services | 2,861,304 | 2,766,048 |
| Medical | 10,566,966 | 10,679,235 |
| Home Care | 14,612,400 | 15,454,392 |
| Community and Mental Health | 8,794,200 | 11,485,320 |
| Acute Care Services - Capital | 3,682,054 | 2,673,873 |
| Long Term Care Services - Capital | 1,034,357 | 457,994 |
| Community - Capital | - | - |
| **Total Central Regional Health Authority** | **130,724,387** | **135,308,184** |

| Churchill Regional Health Authority | 2004/05 | 2005/06 |
|---|---|---|
| Acute Care Services - Operating | 7,048,201 | 7,614,576 |
| Long Term Care Services - Operating | - | - |
| Emergency Response & Transportation Services | 1,098,456 | 1,178,280 |
| Medical | 308,520 | - |
| Home Care | 83,232 | 113,976 |
| Community and Mental Health | 642,312 | 710,328 |
| Acute Care Services - Capital | 326,424 | 517,940 |
| Long Term Care Services - Capital | - | - |
| Community - Capital | - | - |
| **Total Churchill Regional Health Authority** | **9,507,145** | **10,135,100** |

## Regional Health Authorities and Other Facilities
## Net Manitoba Health Payments

| Interlake Regional Health Authority | 2004/05 | 2005/06 |
|---|---|---|
| Acute Care Services - Operating | 30,401,068 | 32,936,667 |
| Long Term Care Services - Operating | 14,615,520 | 15,267,744 |
| Emergency Response and Transportation Services | 2,121,144 | 2,643,000 |
| Medical | 5,521,632 | 6,068,876 |
| Home Care | 10,813,728 | 11,585,760 |
| Community and Mental Health | 8,171,232 | 9,324,816 |
| Acute Care Services - Capital | 3,063,222 | 1,038,327 |
| Long Term Care Services - Capital | 636,689 | 376,481 |
| Community - Capital | 49,272 | 26,280 |
| **Total Interlake Regional Health Authority** | **75,393,507** | **79,267,951** |

| Nor-Man Regional Health Authority | 2004/05 | 2005/06 |
|---|---|---|
| Acute Care Services - Operating | 25,728,922 | 27,580,849 |
| Long Term Care Services - Operating | 6,623,304 | 5,988,480 |
| Emergency Response & Transportation Services | 3,978,504 | 3,984,600 |
| Medical | 6,614,784 | 6,754,920 |
| Home Care | 3,678,072 | 3,355,080 |
| Community and Mental Health | 5,774,424 | 6,654,336 |
| Acute Care Services - Capital | 1,203,154 | 898,282 |
| Long Term Care Services - Capital | 913,089 | 412,268 |
| Community - Capital | - | - |
| **Total Nor-Man Regional Health Authority** | **54,514,253** | **55,628,815** |

| North Eastman Regional Health Authority | 2004/05 | 2005/06 |
|---|---|---|
| Acute Care Services - Operating | 12,597,572 | 13,719,664 |
| Long Term Care Services - Operating | 9,255,720 | 9,807,720 |
| Emergency Response & Transportation Services | 1,198,800 | 1,053,000 |
| Medical | 3,270,480 | 3,209,112 |
| Home Care | 5,340,576 | 5,333,016 |
| Community and Mental Health | 2,518,128 | 2,988,432 |
| Acute Care Services - Capital | 1,255,448 | 346,375 |
| Long Term Care Services - Capital | 786,578 | 111,768 |
| Community - Capital | 213,744 | - |
| **Total North Eastman Regional Health Authority** | **36,437,046** | **36,569,087** |

## Regional Health Authorities and Other Facilities
## Net Manitoba Health Payments

| Parkland Regional Health Authority | 2004/05 | 2005/06 |
|---|---|---|
| Acute Care Services - Operating | 40,893,308 | 43,099,842 |
| Long Term Care Services - Operating | 22,324,128 | 23,125,176 |
| Emergency Response and Transportation Services | 1,093,872 | 1,127,688 |
| Medical | 3,459,582 | 3,643,704 |
| Home Care | 8,922,624 | 9,294,768 |
| Community and Mental Health | 8,557,896 | 9,958,272 |
| Acute Care Services - Capital | 2,149,490 | 3,164,890 |
| Long Term Care Services - Capital | 518,664 | 389,115 |
| Community - Capital | - | - |
| **Total Parkland Regional Health Authority** | **87,919,564** | **93,803,455** |

| South Eastman Regional Health Authority | 2004/05 | 2005/06 |
|---|---|---|
| Acute Care Services - Operating | 19,268,356 | 21,188,768 |
| Long Term Care Services - Operating | 12,803,784 | 13,054,680 |
| Emergency Response & Transportation Services | 1,021,008 | 870,000 |
| Medical | 3,725,760 | 3,848,832 |
| Home Care | 9,735,000 | 10,041,984 |
| Community and Mental Health | 3,961,440 | 4,414,992 |
| Acute Care Services - Capital | 989,917 | 894,643 |
| Long Term Care Services - Capital | 1,433,996 | 333,672 |
| Community - Capital | 272,376 | 185,904 |
| **Total South Eastman Regional Health Authority** | **53,211,637** | **54,833,475** |

| Winnipeg Regional Health Authority | 2004/05 | 2005/06 |
|---|---|---|
| Acute Care Services - Operating | 925,502,470 | 938,440,649 |
| Long Term Care Services - Operating | 294,508,200 | 283,716,024 |
| Emergency Response & Transportation Services | 8,105,760 | 8,724,696 |
| Medical | 107,425,599 | 110,875,809 |
| Home Care | 136,668,000 | 153,099,200 |
| Community and Mental Health | 58,947,144 | 86,110,608 |
| Acute Care Services - Capital | 36,852,316 | 23,059,356 |
| Long Term Care Services - Capital | 11,471,669 | 4,321,118 |
| Community - Capital | 772,704 | 14,208 |
| **Total Winnipeg Regional Health Authority** | **1,580,253,862** | **1,608,361,668** |

## Regional Health Authorities and Other Facilities
## Net Manitoba Health Payments

| Other | 2004/05 | 2005/06 |
|---|---|---|
| Amocs Inc | 746,716 | 738,581 |
| Canadian Blood Agency | 44,511,674 | 46,879,193 |
| Centre de Santé St. Boniface | 1,534,932 | 1,622,152 |
| Community Therapy Services Inc. | 84,336 | 84,336 |
| Department of Clinical Health Psychology U of MB | 319,632 | 319,632 |
| Manitoba Locum Tenens Program | 635,294 | 606,072 |
| Out-of-Province | 23,785,090 | 28,850,552 |
| Pinaow Wachi | 204,635 | 236,010 |
| University Medical Group | 1,930,567 | 2,210,534 |
| University of Manitoba-Island Lake | 273,300 | 719,360 |
| University of Manitoba-Northern Medical Unit | 6,374,657 | 5,498,043 |
| **Total Other** | **80,400,833** | **87,764,465** |

| Federal Hospitals / Nursing Stations | 2004/05 | 2005/06 |
|---|---|---|
| Hodgson-Percy E. Moore, Hospital | 1,061,358 | 617,086 |
| Norway House, Hospital | 876,373 | 484,542 |
| Berens River, N.S. | - | 16,335 |
| Bloodvein, N.S. | 3,984 | 7,502 |
| Brochef, N.S. | 4,340 | 5,456 |
| Cross Lake, N.S. | 54,692 | 117,128 |
| Garden Hill, N.S. | 13,068 | 36,421 |
| God's Lake, N.S. | 17,294 | 33,396 |
| God's River, N.S. | 1,612 | 24,180 |
| Lac Brochet, N.S. | 9,052 | 7,936 |
| Little Grand Rapids, N.S. | 7,924 | 15,252 |
| Nelson House, N.S. | 46,624 | 84,196 |
| Oxford House, N.S. | 12,221 | 19,118 |
| Pauingassi, N.S. | - | 4,588 |
| Poplar River, N.S. | 2,728 | 11,036 |
| Pukatawagan, N.S. | 67,768 | 37,696 |
| Red Sucker Lake, N.S. | 10,100 | 15,376 |
| Shamatawa, N.S. | 34,224 | 26,784 |
| South Indian Lake, N.S. | 9,176 | 16,244 |
| Split Lake, N.S. | 43,772 | 64,480 |
| Ste. Theresa, N.S. | 16,214 | 39,930 |
| Tadoule Lake, N.S. | - | 5,456 |
| Wasagamack, N.S. | 10,648 | 23,595 |
| York Factory, N.S. | 1,736 | 9,796 |
| **Total Federal Hospitals / Nursing Stations** | **2,304,908** | **1,723,529** |
| **All Regional Health Authorities and Other Facilities** | **2,473,763,077** | **2,534,863,213** |

# Financial Report Summary Information

# Part 2

## Manitoba Health Services Insurance Plan
### Summary of Estimates
### April 1, 2005 – March 31, 2006

| DETAILS | 2005/06 ESTIMATES ($000s) |
|---|---|
| **2005/06 Main Estimates:** | |
| Funding to Health Authorities | 2,221,653.8 |
| Provincial Health Services | 101,401.8 |
| Medical | 645,981.6 |
| Pharmacare | 205,657.3 |
| Capital Grants | 80,754.9 |
| **2005/06 Estimates:** | **3,255,449.4** |

For the year ended March 31, 2006, the cost of insured health services was financed primarily through grants from the Provincial Consolidated Fund. As in the previous year, federal contributions pursuant to the provisions of the Canada Health and Social Transfer, were not received by the Health Services Insurance Fund but were deposited directly into the Consolidated Fund of the Province of Manitoba.

The Provincial Consolidated Fund estimates totalled $3,255,449.4 for planned expenses. During the year, Supplementary Funding of $84,655.1 was approved, bringing the total to $3,340,104.5.

*Office of the Auditor General*

500 - 330 Portage Avenue
Winnipeg, Manitoba
CANADA R3C 0C4

## AUDITORS' REPORT

To the Legislative Assembly of Manitoba
To the Minister of Health

We have audited the balance sheet of the Manitoba Health Services Insurance Plan as at March 31, 2006 and the statement of revenue and expenses and net assets for the year then ended. These financial statements reflect the Plan's health program expenses for insured services and the funding provided for these programs from the Department of Health appropriations for the Health Services Insurance Fund and Capital Grants. These financial statements are the responsibility of the management of the Department of Health. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the assets, liabilities and net assets of the Manitoba Health Services Insurance Plan as at March 31, 2006 and the revenue and expenses and cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Office of the Auditor General

Office of the Auditor General

Winnipeg, Manitoba
June 30, 2006

# MANAGEMENT REPORT

Management of Manitoba Health is responsible to the Minister of Health for the integrity and objectivity of the financial statements and schedules of the Manitoba Health Services Insurance Plan. The financial statements for the year ended March 31, 2006 have been prepared in accordance with accounting principles consistent with prior years. Included in this year's financial statement is the Schedule of Payments pursuant to the provisions of The Public Sector Compensation Disclosure Act.

Manitoba Health maintains a system of internal control designed to provide management with reasonable assurance that confidential data and other assets are safeguarded and that reliable operating and financial records are maintained. This system includes written policies and procedures, an internal audit program and an organization structure which provides for appropriate delegation of authority and segregation of responsibilities. Staff of the Office of the Auditor General review internal controls and report their findings annually to management and to the Minister of Health.

The Office of the Auditor General is responsible to express an independent, professional opinion on whether the financial statements are fairly stated in accordance with the accounting policies stated in the financial statements. The Auditor's Report outlines the scope of the audit examination and provides the audit opinion.

Management has reviewed and approved these financial statements. To assist in meeting its responsibility, an audit committee meets to review audit, financial reporting and related matters.

On behalf of the management,

Arlene Wilgosh
Deputy Minister of Health

Heather Reichert
Chief Financial Officer

Winnipeg, Manitoba
July 27,2006

## Manitoba Health Services Insurance Plan
## Balance Sheet
**As at March 31, 2006**

### ASSETS

| | 2006 $(000s) | Restated (Note 12) 2005 $(000s) |
|---|---|---|
| Cash | 25,212 | 20,549 |
| Funds on deposit with the Province of Manitoba (Note 12) | 155,968 | 85,874 |
| Accounts receivable | | |
| Other Provinces and Territories | 18,832 | 25,248 |
| Other | 2,756 | 2,376 |
| | 21,588 | 27,624 |
| Receivable from the Province of Manitoba (Note 3) | 249,767 | 249,767 |
| | **452,535** | **383,814** |

### LIABILITIES AND NET ASSETS

| | | |
|---|---|---|
| Accounts payable and accrued liabilities | | |
| Health Authorities and Facilities | 60,656 | 48,229 |
| Medical services claims | 61,930 | 44,388 |
| Pharmacare claims | 12,329 | 9,088 |
| Province of Manitoba (Note 12) | 36,016 | 8,606 |
| General | 31,037 | 22,936 |
| | 201,968 | 133,247 |
| Vacation pay and post-employment benefits (Note 3) | 249,767 | 249,767 |
| Net Assets | 800 | 800 |
| | **452,535** | **383,814** |

See accompanying notes to financial statements.

## Manitoba Health Services Insurance Plan
## Statement of Revenue and Expenses, and Net Assets
**As at March 31, 2006**

| | 2006<br>$(000s) | 2005<br>$(000s) |
|---|---|---|
| **Revenue:** | | |
| Grants from the Province of Manitoba | 3,207,998 | 3,018,128 |
| Third party recoveries | 11,914 | 10,200 |
| Miscellaneous | 20 | 32 |
| **Total revenue** | 3,219,932 | 3,028,360 |
| **Expenses:** | | |
| Health Authorities and Facilities (Notes 5 and 6) | 2,224,430 | 2,103,556 |
| Medical (Notes 5, 6 and 7) | 688,818 | 634,448 |
| Provincial Program | 100,059 | 95,946 |
| Pharmacare | 206,625 | 194,410 |
| **Total Expenses** | 3,219,932 | 3,028,360 |
| **Revenue over expenses** | - | - |
| **Net assets beginning of year** | 800 | 800 |
| **Net assets end of year** | 800 | 800 |

See accompanying notes to financial statements.

## Manitoba Health Services Insurance Plan
## Notes to the Financial Statements
**For the Year ending March 31, 2006**

### Note 1 - Nature of Operations

The Manitoba Health Services Insurance Plan (the Plan) operates under the authority of the Health Services Insurance Act. The mandate of the Plan is to provide health related insurance for Manitobans by funding the costs of qualified hospital, medical, personal care and other health services. The Plan's financial operations are administered outside of the Provincial Consolidated Fund.

### Note 2 - Significant Accounting Policies

The financial statements have been prepared in accordance with Canadian generally accepted accounting principles.

### Note 3 - Vacation Pay and Post Employment Benefits

The Plan revised, in 2005, its funding arrangements related to vacation pay and post employment benefits. Prior to 2005, the Plan did not fund the annual vacation leave earned by employees of the Regional Health Authorities (Health Authorities) and Health Care Facilities (Facilities) until the year vacations were taken. As well, the Plan did not fund post-employment benefits earned by employees of Health Authorities and Facilities until those post-employment benefits were paid. Funding is now provided as vacation pay and post employment benefits are earned by employees subsequent to March 31, 2004.

Accordingly, the liability for vacation pay and post employment benefits represents the liability as at March 31, 2004. This liability has no fixed terms of repayment. The related receivable from the Province of Manitoba also has no fixed terms of repayment.

### Note 4 - Administrative and Operating Expenses

The financial statements do not include administrative salaries and operating expenses related to the Plan. These are included in the operating expenses of Manitoba Health and Healthy Living.

### Note 5 - Inter-provincial Reciprocal Recoveries

Under inter-provincial reciprocal agreements Canadian residents can obtain necessary hospital and medical services while away from their home provinces or territories. Claims for services are subsequently recovered between provincial governments. In order to reflect the cost of insured services to Manitobans, the recoveries attributable to services for non-Manitoba residents are netted against program expenses.

For the year ended March 31, 2006 the expenses for Health Authorities and Facilities within the province, of $2,224,430,000 (2005 - $2,103,556,000) are net of reciprocal recoveries of $38,608,000 (2005 - $36,432,000). The expenses for Medical program of $688,818,000 (2005 - $634,448,000) are net of reciprocal recoveries of $10,604,000 (2005 - $10,238,000).

## Note 6 - Regional Health Authorities

The following table summarizes payments to the Health Authorities. These payments are included in the financial statements in the expense categories of Health Authorities and Facilities and Medical.

| Regional Health Authority | 2006 Facilities $(000s) | 2006 Medical $(000s) | 2006 Total $(000s) | 2005 Total $(000s) |
|---|---|---|---|---|
| Winnipeg | 1,474,869 | 110,876 | 1,585,745 | 1,511,996 |
| Brandon | 132,866 | 7,240 | 140,106 | 133,028 |
| North Eastman | 33,066 | 3,209 | 36,275 | 33,668 |
| South Eastman | 49,645 | 3,849 | 53,494 | 50,000 |
| Interlake | 72,322 | 6,069 | 78,391 | 72,121 |
| Central | 123,565 | 10,679 | 134,244 | 125,504 |
| Assiniboine | 103,379 | 12,485 | 115,864 | 108,238 |
| Parkland | 84,225 | 3,644 | 87,869 | 83,140 |
| Norman | 47,996 | 6,755 | 54,751 | 52,067 |
| Burntwood | 39,233 | 12,708 | 51,941 | 49,055 |
| Churchill | 9,791 | - | 9,791 | 9,191 |
| CancerCare | 51,410 | 7,977 | 59,387 | 54,135 |
| Total payments | 2,222,367 | 185,491 | 2,407,858 | 2,282,143 |

The expense category, Health Authorities and Facilities, in the Statement of Revenue and Expenses, and Net Assets is comprised of the following:

| | 2006 $(000s) | 2005 $(000s) |
|---|---|---|
| Health Authorities payments | 2,222,367 | 2,103,553 |
| Accruals and payments to facilities and third parties | 40,671 | 36,435 |
| Reciprocal recoveries | (38,608) | (36,432) |
| Total expenses | 2,224,430 | 2,103,556 |

The expense category, Medical, in the Statement of Revenue and Expenses, and Net Assets is comprised of the following:

| | 2006 $(000s) | 2005 $(000s) |
|---|---|---|
| Fee for Service Medical payments and accruals | 488,607 | 442,986 |
| Health Authorities payments | 185,491 | 178,590 |
| Optometric | 5,337 | 4,925 |
| Chiropractic | 9,383 | 7,947 |
| Total expenses | 688,818 | 634,448 |

**Note 7 - The Public Sector Compensation Disclosure Act**

The Schedule of Payments pursuant to the provisions of The Public Sector Compensation Disclosure Act is included as part of the Annual Report of Manitoba Health and Healthy Living.

**Note 8 - Legal Actions**

The nature of the Plan's activities is such that there may be litigation pending or in progress at any time. With respect to claims at March 31, 2006, no provision has been made in the financial statements as the final outcome of the claims is not determinable at this time.

**Note 9 - Measurement Uncertainty**

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingencies at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from these estimates.

**Note 10 - Financial Instruments**

The Manitoba Health Services Insurance Plan's financial instruments consist of cash, funds on deposit, accounts receivable, accounts payable and accrued liabilities. Unless otherwise noted, it is management's opinion that Manitoba Heath Services Insurance Plan is not exposed to significant interest, currency or credit risk arising from these financial instruments. The fair value of these financial instruments approximates their carrying values.

**Note 11 - Statement of Cash Flows**

These financial statements do not include a Statement of Cash Flows. In the opinion of management, the Statement of Cash Flows does not provide additional disclosure.

**Note 12 - Restatement of Prior Year Comparative Figures**

The amount of $36,016,000 payable to the Province of Manitoba represents funding received from the Province of Manitoba in excess of the amount required by the Plan. Accordingly, this excess amount will be returned to the province and is recorded as a payable to the Province of Manitoba.

At March 31, 2005 excess funding in the amount of $8,606,000 payable to the Province of Manitoba was recorded as a reduction of funds on deposit with the Province of Manitoba and not as a payable to the province.

Accordingly, the liability to the province of $8,606,000 has now been recorded as a payable at March 31, 2005 and the balance of funds on deposit at March 31, 2005 has been restated. The effects of these restatements are as follows:

| | Balance as previously reported | Restatement | Balance as restated |
|---|---|---|---|
| Funds on deposit with the Province of Manitoba | $77,268,000 | $8,606,000 | $85,874,000 |
| Account payable to the Province of Manitoba | $0 | $8,606,000 | $8,606,000 |

*Office of the Auditor General*

500 - 330 Portage Avenue
Winnipeg, Manitoba
CANADA R3C 0C4

## AUDITORS' REPORT
## Schedule of Public Sector Compensation Disclosure

To the Legislative Assembly of Manitoba
To the Minister of Health

We have audited the Schedule of Payments of the Manitoba Health Services Insurance Plan for the year ended March 31, 2006 prepared in accordance with The Public Sector Compensation Disclosure Act. This financial information is the responsibility of the management of the Department of Health. Our responsibility is to express an opinion on this financial information based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial information is free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial information. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall presentation of the financial information.

In our opinion, this schedule presents fairly, in all material respects, compensation of The Manitoba Health Services Insurance Plan for the year ended March 31, 2006 in accordance with the provisions of The Public Sector Compensation Disclosure Act.

Office of the Auditor General

Office of the Auditor General

Winnipeg, Manitoba
June 30, 2006

# Manitoba Health Services Insurance Plan
# The Public Sector Compensation Disclosure Act
## Schedule of Payment for Fiscal Year Ended March 31, 2006

This Schedule of Payments is published in compliance with the provisions of "The Public Sector Compensation Disclosure Act".

The Act requires the publication of the name of every person who receives $50,000 or more in the fiscal year for providing services to insured persons under The Health Services Insurance Act, and the amount paid to each. It should be noted that the payments reported for physicians represents their fee-for-service amounts only. The payments reported do not include payments that a physician may receive from alternate sources such as salary and contract payments, sessional payments, on-call stipends, etc.

The fee-for-service payments are reported under the name of the practitioner who provided the services, except for special arrangements when services provided by a group of practitioners are billed in the name of a single practitioner for administrative efficiencies. This type of billing arrangement is in place for radiology, laboratory, nuclear medicine and dialysis services in particular. As a result, some of the amounts shown have not been generated solely by the practitioner whose name is shown.

Persons reading these data should understand that:

- These data provide only a record of gross payments made by Manitoba Health to the practitioner.
- A practitioner's net income may vary from the gross payments shown as costs of operating a practice must be paid from these gross payments.
- As total revenues and costs of practice vary significantly between specialty groups and between individual practitioners, net income can also vary significantly.

| Name: | $ | Name: | $ | Name: | $ |
|---|---|---|---|---|---|
| Abdulrehman A S | 292,034 | Anderson B | 101,504 | Balageorge D | 384,512 |
| Abell W R | 95,186 | Anderson B R | 330,787 | Balcha B | 142,763 |
| Aboobaker S | 349,839 | Anderson D M | 130,720 | Balko G | 234,913 |
| Abu Dieh A | 315,883 | Andrew C | 245,113 | Ballegeer T A | 95,374 |
| Abu Shahma M | 171,781 | Anhalt Hicks C D | 519,808 | Banmann D S | 193,925 |
| Adam C J E | 137,547 | Anozie C B | 283,151 | Barber L | 272,105 |
| Adduri V R | 448,235 | Antonenko N E | 178,214 | Barc J | 205,145 |
| Agha Khani Y | 108,071 | Antonissen L A S | 358,765 | Bard R J | 222,816 |
| Ahluwalia R S | 383,257 | Anyadike I O | 296,610 | Baria K | 337,038 |
| Ahmad S N | 197,492 | Aoki F Y | 91,614 | Barker J L | 112,994 |
| Ahweng A | 550,866 | Araneda M C | 101,607 | Barker M F | 394,997 |
| Ainley A | 79,652 | Armas Enriquez A T | 141,818 | Barkey J L | 70,267 |
| Ajabor K U | 55,730 | Armstrong B | 394,605 | Barnes E B | 180,253 |
| Akena C | 385,890 | Armstr g J D | 114,167 | Barnes W R | 96,987 |
| Alam S G | 96,502 | Armstrong S | 624,194 | Baron C M | 239,382 |
| Albak R E | 268,528 | Arneja A S | 320,080 | Baron K | 302,803 |
| Albi F | 248,449 | Arneja J | 348,839 | Bartlett L C | 163,894 |
| Aldor T A M | 78,275 | Arnot J B | 216,092 | Basson H J | 249,050 |
| Alevizos I | 59,514 | Arnott P C | 369,773 | Battad A B | 66,592 |
| Ali K R | 423,541 | Ashcroft R P | 141,190 | Bay T | 273,755 |
| Ali M B | 483,791 | Ashique A | 80,471 | Baydock B | 97,672 |
| Allan D R [3] | 421,105 | Ashton M | 58,291 | Becker A | 195,960 |
| Allan R R | 411,326 | Assuras G N | 341,556 | Beckstead J E | 133,821 |
| Allen J E | 50,368 | Athaide M | 240,818 | Bedder P | 271,089 |
| Altman G N | 184,288 | Atkinson R | 214,251 | Bedi B | 189,933 |
| Alto L E | 477,691 | Atwal J | 270,588 | Beldavs R A | 1,025,305 |
| Alvi A | 443,576 | Awadalla A | 524,095 | Bell D D | 88,157 |
| Alvi C W | 128,875 | Babick T R | 529,622 | Bellan L | 459,479 |
| Amadeo R J J | 267,850 | Badenhorst F | 281,434 | Benning H S | 576,300 |
| Amede K H | 286,855 | Badenhorst L | 123,321 | Benoit A | 289,487 |
| Amin S M | 266,198 | Baidwan S K | 114,139 | Benson G W | 61,430 |
| Amir N | 146,740 | Baillie C | 308,275 | Benson J C | 98,707 |
| Anastasiades L | 128,893 | Baker C | 266,442 | Bereznay O | 289,938 |
| Anderson A | 108,123 | Balachandra B | 168,759 | Bergen J | 250,586 |

# Manitoba Health Services Insurance Plan
## The Public Sector Compensation Disclosure Act
### Schedule of Payment for Fiscal Year Ended March 31, 2006

| Name: | $ |
|---|---|
| Bergman E | 137,203 |
| Bergner H | 167,834 |
| Bermack B A | 400,353 |
| Bernier M | 552,863 |
| Bernstein C N | 275,062 |
| Bernstein K (3) | 356,730 |
| Bertsch A | 279,488 |
| Best R L | 161,851 |
| Bester M A | 87,704 |
| Bhagat A | 50,255 |
| Bhanot P | 225,861 |
| Bhayana R | 210,476 |
| Bhayana R K | 241,737 |
| Bhayana V | 122,051 |
| Biala B | 245,121 |
| Biehl D | 78,536 |
| Billinkoff E N | 276,806 |
| Bilos R J | 161,738 |
| Birt D | 434,504 |
| Bissonnette A | 302,876 |
| Black D R | 364,386 |
| Black G B | 214,410 |
| Blakley B W | 209,704 |
| Blank A | 172,329 |
| Blouw R H | 235,717 |
| Blydt-Hansen T D | 55,910 |
| Blyth S | 291,105 |
| Bock G | 124,328 |
| Boguski G | 78,535 |
| Bohemier Janelle | 61,288 |
| Bohemier Joel | 92,715 |
| Bohemier Roland E | 75,265 |
| Bohm C J | 189,739 |
| Bohm E R | 337,781 |
| Bolton D R | 288,844 |
| Book B H | 60,254 |
| Bookatz B J | 249,016 |
| Booth F | 82,119 |
| Booy H | 308,590 |
| Borley J | 89,939 |
| Boroditsky M L | 212,187 |
| Boroditsky R S | 220,220 |
| Borrett G F | 261,536 |
| Botha A | 137,894 |
| Botha D | 293,101 |
| Boult I F (2) | 2,761,570 |
| Bourdon N | 55,698 |
| Bourque C N | 334,024 |
| Boustcha E | 119,036 |
| Bovell F M | 177,417 |
| Bow E | 52,046 |
| Bowman M N | 76,295 |
| Boyd K L | 148,458 |
| Bracken J | 191,223 |
| Bracken J H | 276,881 |
| Bradley B D | 276,637 |
| Bradshaw C D | 68,414 |
| Brandes L J | 129,449 |
| Bratu I | 158,541 |
| Braun E | 245,236 |
| Braun J | 183,047 |
| Braun K Y | 113,370 |
| Breckman D K | 318,689 |
| Breckman G L | 124,570 |
| Bretecher G | 456,561 |
| Breytenbach H A | 119,167 |
| Bright R C | 204,389 |
| Broda R J | 184,802 |
| Brodovsky D M | 82,039 |
| Brodovsky S C | 538,486 |
| Brooker G (2) | 265,383 |
| Brown R | 280,707 |
| Brown R E | 289,781 |
| Brownell L | 202,501 |
| Bruneau M R | 232,739 |
| Bryski L M | 66,640 |
| Bshouty Z | 120,368 |
| Buchel E W | 538,474 |
| Buchik G M | 123,122 |
| Bueddefeld H D | 272,368 |
| Buenafe J | 235,559 |
| Bueti G | 532,671 |
| Buksak L A | 99,122 |
| Bullock Pries K R | 101,503 |
| Burke M E | 189,729 |
| Burnell C D C | 433,438 |
| Burnet N | 285,642 |
| Burnett C J | 57,368 |
| Burnett M | 317,532 |
| Burnett Mairi | 137,524 |
| Burtch D | 74,530 |
| Burym C J | 50,178 |
| Butler N | 353,246 |
| Calderon-Grande H E | 161,106 |
| Calhoun L L | 161,094 |
| Cameron A I | 127,764 |
| Cameron M R | 396,881 |
| Campbell B | 137,167 |
| Campbell G | 281,643 |
| Canadas L A | 57,763 |
| Caners D | 397,641 |
| Caners T | 83,652 |
| Cannon J E | 249,523 |
| Cantor M J | 257,782 |
| Caplan A H | 258,224 |
| Caplan D C | 218,306 |
| Cappellani R B | 246,326 |
| Carpenter N | 388,800 |
| Carson J B | 255,531 |
| Cartagena R A | 346,750 |
| Carter R | 330,502 |
| Casey A R | 197,993 |
| Caswell B | 96,178 |
| Cavallo D | 207,374 |
| Cavers K J | 213,548 |
| Champagne D R | 68,149 |
| Chan E L | 255,708 |
| Chan J J | 307,658 |
| Chan P | 120,101 |
| Chan T | 189,149 |
| Chapman S D | 365,770 |
| Chapnick C | 168,788 |
| Charbonneau E J F | 50,627 |
| Chatel N L | 181,239 |
| Chenier D | 70,170 |
| Chenier P | 63,455 |
| Cherian R | 67,770 |
| Chernish G M | 68,700 |
| Cheung L K | 155,454 |
| Chimilar J D | 103,356 |
| Chin D | 840,210 |
| Chlysta T S | 218,589 |
| Cho P A | 326,642 |
| Chochinov A | 63,242 |
| Chochinov P H | 226,193 |
| Chodirker B N | 139,406 |
| Choptiany R B W | 182,970 |
| Choptiany T I | 349,551 |
| Chow C | 340,644 |
| Christodoulou C C | 291,118 |
| Chudley A E | 88,520 |
| Chung L | 456,799 |
| Cisneros N | 359,312 |
| Clark M A | 135,382 |
| Clark S G | 255,290 |
| Clark S M | 117,694 |
| Clayden G | 391,004 |
| Cleghorn S | 576,069 |
| Coates K R | 319,228 |
| Cochrane D | 63,851 |
| Coetzee F | 78,333 |
| Coetzee J I | 76,931 |
| Coetzee M | 87,969 |
| Cohen B A | 366,592 |
| Cohen J | 57,931 |
| Cohen M | 87,595 |
| Cohen M A | 104,466 |
| Collison L M | 193,230 |
| Collison S | 117,330 |
| Collister C W | 349,733 |
| Connor D | 567,993 |
| Connor D H | 86,735 |
| Connor G T | 164,659 |
| Consunji-Aranet R | 139,999 |
| Corbett R P | 59,246 |
| Corder D | 333,989 |
| Cordova J L | 180,341 |
| Corne S I | 320,120 |
| Corner F D | 125,186 |
| Coueslan G W (2) | 958,804 |
| Cowan D J | 429,729 |
| Coyle S J | 168,634 |
| Craig D | 196,040 |
| Cram D H | 526,499 |

# Manitoba Health Services Insurance Plan
## The Public Sector Compensation Disclosure Act
### Schedule of Payment for Fiscal Year Ended March 31, 2006

| Name: | $ |
|---|---|
| Craton N | 77,100 |
| Crawford D | 231,261 |
| Cristante L | 537,392 |
| Cross H G | 63,359 |
| Cross R | 281,980 |
| Cumming G | 84,668 |
| Cummings M L | 259,896 |
| Cyr-Hornick A | 104,031 |
| Czaplinski J E | 157,175 |
| Czaplinski K | 254,023 |
| Czarnecka M M | 161,364 |
| Czarnecki W (1) | 504,746 |
| Czaykowski P M | 140,324 |
| Da Silva H | 67,302 |
| Da Silva L M | 297,869 |
| Dabrowski P T | 301,056 |
| Daeninck P J | 51,923 |
| Dakshinamurti S S | 171,240 |
| Dalling G N | 229,886 |
| Dang T H | 275,155 |
| Daniels J H | 142,595 |
| Daniels V | 159,475 |
| Darczewski I | 255,772 |
| Dashefsky S M | 355,527 |
| Davey M | 298,423 |
| Davey R J | 327,736 |
| David M F | 394,689 |
| Davidson J M | 705,700 |
| Davis M H | 349,790 |
| Davis M O | 295,107 |
| Davloor R | 257,469 |
| Day M | 62,635 |
| De Groot W | 64,408 |
| De Korompay V | 428,665 |
| De Moissac P C | 192,715 |
| De Muelenaere P | 603,575 |
| De Rocquigny A J | 490,133 |
| De Wit C F | 259,788 |
| De Wit S L | 527,223 |
| Dean H | 69,763 |
| Debrouwere R G | 310,224 |
| Decter D | 373,203 |
| Delaive M | 203,197 |
| Demsas H | 262,934 |
| Deonarine L | 358,507 |
| Deong P J | 292,756 |
| Derendorf B K | 159,283 |
| Derksen A S | 98,608 |
| Desmarais G P | 114,539 |
| Desmond G H | 286,117 |
| Deutscher R | 308,511 |
| Dhalla S S | 1,083,057 |
| Dhanjal P | 156,814 |
| Dharamsi N | 57,389 |
| Diamond H D | 384,137 |
| Dias E M | 112,519 |
| Dickieson A W | 62,866 |
| Dillon J D | 394,594 |
| Dillon L G | 53,885 |
| Diocee R | 54,006 |
| Dionne C | 332,449 |
| Dirks H T | 79,802 |
| Dissanayake D | 250,733 |
| Divekar A A | 163,823 |
| Dizon A M | 136,963 |
| Doak G J | 206,518 |
| Doermer E | 337,418 |
| Doerr J J | 249,793 |
| Dolynchuk K N | 224,337 |
| Dominique F | 254,275 |
| Domke H | 235,031 |
| Domke O | 147,487 |
| Domke S | 229,844 |
| Donnelly J P | 121,581 |
| Doucet P M | 218,505 |
| Dowhanik M A | 101,655 |
| Dowhanik P B J | 70,434 |
| Downs A C | 271,477 |
| Doyle E | 127,165 |
| Doyle J | 249,817 |
| Drachenberg D E | 451,081 |
| Dressler G R | 80,734 |
| Drew E | 65,094 |
| Drexler J | 432,828 |
| Drobot G R | 141,466 |
| Du Plessis N | 304,997 |
| Du Plooy J | 272,852 |
| Du Toit L L | 117,393 |
| Dubberley J | 269,017 |
| Dubyna D | 399,050 |
| Ducas D A | 95,496 |
| Ducas J | 530,065 |
| Ducheck D L | 54,986 |
| Dueck D | 173,135 |
| Duerksen C | 292,700 |
| Duerksen D R | 349,988 |
| Duerksen F | 56,223 |
| Duerksen K | 73,100 |
| Duerksen M T | 326,334 |
| Duff B D | 127,225 |
| Duffy G | 233,202 |
| Duggal K C | 322,006 |
| Duke P C | 146,941 |
| Duncan S J | 336,872 |
| Dunford D A | 72,019 |
| Dupont J O (4) | 770,924 |
| Duval R | 149,321 |
| Dyck D R (2) | 446,284 |
| Dyck G H | 477,437 |
| Eaglesham H (2) | 924,844 |
| Ebbeling-Treon L | 214,660 |
| Edworthy J L | 55,735 |
| Egan M M | 188,151 |
| Egey-Samu Z | 50,976 |
| Eggertson D | 252,933 |
| Eisenstat D D | 56,495 |
| Ekins M B | 249,373 |
| El-Gabalawy H S | 98,558 |
| El-Sabawy M F | 79,642 |
| Elahiyoun K | 50,742 |
| Eleff M K | 123,484 |
| Elhefnawi E | 310,203 |
| Elias K | 193,515 |
| Eliasson T E | 206,294 |
| Elkin J | 300,484 |
| Elkin M | 142,553 |
| Elkin M S | 323,030 |
| Elliott J | 186,262 |
| Elves E | 428,368 |
| Embil J M A | 375,176 |
| Emelianova S | 138,879 |
| Emery C | 138,795 |
| Eng S | 298,460 |
| Engel C | 346,732 |
| Engel J S | 453,052 |
| Engel M | 68,412 |
| Engelbrecht J F | 215,877 |
| Engelbrecht S | 260,283 |
| Enns J P | 364,926 |
| Enns M W | 86,394 |
| Erhard P | 304,782 |
| Eschun G M | 121,431 |
| Eshghi Esfahani F | 334,586 |
| Esmail A | 390,269 |
| Esquivel A | 207,520 |
| Esser C M | 73,584 |
| Ethans K D | 82,908 |
| Ethans T | 98,666 |
| Evans M J | 96,338 |
| Ewert F J | 305,260 |
| Fair S E | 137,576 |
| Falconer T | 60,009 |
| Farmer R C | 250,160 |
| Fast H | 124,778 |
| Fast M D | 483,030 |
| Feasey D | 94,845 |
| Feierstein M | 222,115 |
| Fine A (3) | 653,617 |
| Finlayson N A | 121,959 |
| Finney B A G | 190,092 |
| Fisher M | 81,194 |
| Fishman L | 322,219 |
| Fitzgerald M | 228,786 |
| Fitzsimon J | 95,169 |
| Fjeldsted F H | 248,576 |
| Flattery P M | 154,427 |
| Fleisher M L | 115,229 |
| Fleisher W P | 56,277 |
| Fleming F L | 152,057 |
| Fletcher C W | 247,576 |
| Foerster D R | 301,861 |
| Foerster J | 54,542 |
| Fogel R B | 98,271 |
| Fong H | 192,236 |

# Manitoba Health Services Insurance Plan
## The Public Sector Compensation Disclosure Act
### Schedule of Payment for Fiscal Year Ended March 31, 2006

| Name: | $ |
|---|---|
| Fontigny N J | 274,928 |
| Forgach L G | 64,780 |
| Fougere G A | 75,411 |
| Fourie C F | 118,474 |
| Fourie H | 189,435 |
| Fourie T | 282,952 |
| Fournier M R | 71,451 |
| Fox J D | 158,665 |
| Frame H | 229,594 |
| Francois J M G | 78,685 |
| Fraser D B | 69,467 |
| Fraser M B | 213,770 |
| Fraser V H | 222,136 |
| Fraser-Roberts D L | 50,974 |
| Frechette C | 88,081 |
| Frechette S C | 246,716 |
| Frederick D V | 62,176 |
| Fredette P | 191,798 |
| Freedman J I | 397,199 |
| Friesen J | 376,606 |
| Friesen J A | 64,813 |
| Friesen K L | 184,561 |
| Friesen R M | 91,599 |
| Froese W | 300,339 |
| Frohlich A M | 345,238 |
| Fuchs G R | 350,057 |
| Fung H | 290,356 |
| Furuiye H | 122,363 |
| Fuzeta G | 179,799 |
| Gabriel M | 235,088 |
| Galessiere P F | 491,754 |
| Galimova L | 191,645 |
| Gall R M | 331,075 |
| Gallagher K | 102,225 |
| Garba S | 416,184 |
| Garber L | 345,289 |
| Garber P J | 172,253 |
| Gard M A | 185,710 |
| Gard S | 193,463 |
| Garip S M | 114,780 |
| Gauthier S W | 102,020 |
| Geddes J S | 103,767 |
| George R H | 70,737 |
| Gerber J D W | 218,666 |
| Gerstner T V | 316,018 |
| Gertenstein R J | 430,564 |
| Giannouli E | 193,375 |
| Giesbrecht D R | 292,631 |
| Giesbrecht J E | 173,893 |
| Gill E | 248,465 |
| Gillespie B | 760,660 |
| Gillespie J L | 214,276 |
| Girard J | 319,967 |
| Glacken R P | 272,419 |
| Glenn D M | 110,814 |
| Glezerson G | 291,984 |
| Globerman D J | 177,647 |
| Glover P G | 64,947 |
| Gobeil J J G | 94,709 |
| Godlewski E J | 177,849 |
| Godlewski W | 503,424 |
| Goerz P G | 138,053 |
| Goldberg N | 338,537 |
| Goldenberg D | 413,307 |
| Gomori A J | 193,177 |
| Gonzalez-Pino F | 210,464 |
| Goodman A E | 73,623 |
| Gooi T H | 479,277 |
| Gooi T L | 669,425 |
| Goossen M | 452,989 |
| Gordon J | 369,404 |
| Gordon W L | 78,244 |
| Gorski B A | 531,276 |
| Gould L F | 302,378 |
| Govender P | 281,261 |
| Goytan M J | 412,334 |
| Grabowski J L | 336,570 |
| Grace K J | 194,948 |
| Graham B | 56,550 |
| Graham C P | 110,375 |
| Graham K | 178,067 |
| Graham M R | 226,716 |
| Graham R | 85,487 |
| Grass S B | 110,384 |
| Graves D F | 130,530 |
| Gray M G | 281,822 |
| Greenberg C R | 75,096 |
| Greenberg H M | 143,263 |
| Greene R E | 156,342 |
| Gregoryanz T | 81,141 |
| Grenier D | 126,998 |
| Greyling J | 170,364 |
| Griffin P | 188,579 |
| Griggs G | 209,327 |
| Grimes R B | 152,740 |
| Grimes V | 76,717 |
| Grobler W P | 229,029 |
| Groenewald L H | 113,149 |
| Groves L | 287,185 |
| Gudmundson C | 252,442 |
| Guijon F B | 240,049 |
| Gupta C K | 432,505 |
| Gupta D K | 792,372 |
| Guzman R | 451,886 |
| Gwozdecki T M | 297,792 |
| Ha F T | 213,117 |
| Ha M | 95,457 |
| Haberman C J | 265,729 |
| Haggard G G | 256,983 |
| Hai M A | 356,776 |
| Haiart D C | 343,478 |
| Hajidiacos N | 191,722 |
| Haligowski D | 199,935 |
| Hall A D | 221,834 |
| Hall B A | 81,921 |
| Hall P F | 166,515 |
| Hallatt D | 139,810 |
| Hamedani R | 389,293 |
| Hameed K A | 312,966 |
| Hamideh F | 367,721 |
| Hamm R C | 291,546 |
| Hammond G W | 82,639 |
| Hancock B J | 187,256 |
| Hanlon-Dearman A C | 123,002 |
| Hanna N | 137,216 |
| Hanna P | 185,411 |
| Hansen J G | 50,167 |
| Harding G K M | 68,039 |
| Hardy B | 353,338 |
| Harley M J | 151,512 |
| Harms S | 347,447 |
| Harrington J | 152,005 |
| Harris P | 667,599 |
| Harrison W D | 338,420 |
| Hartley D M | 287,086 |
| Hasan M | 65,192 |
| Hassan W F | 323,842 |
| Hawaleshka A | 223,353 |
| Hawkins R | 62,964 |
| Hayakawa J | 146,932 |
| Hayakawa T E | 442,936 |
| Haydey R P | 495,233 |
| Hayward R J | 500,324 |
| Hechtenthal N | 241,742 |
| Hedden D R | 511,211 |
| Hedden J R | 188,410 |
| Heese H | 90,007 |
| Heidenreich W | 149,926 |
| Helewa M E | 393,087 |
| Helms J B | 471,478 |
| Henderson B | 148,635 |
| Henderson C | 72,412 |
| Henderson L P | 117,647 |
| Henry D W | 219,379 |
| Henry S F | 204,384 |
| Herd A | 86,269 |
| Herman G | 65,470 |
| Hershberg D M | 184,614 |
| Hershfield E S | 112,504 |
| Heywood M | 74,542 |
| Hiebert T | 87,191 |
| Hildahl C | 358,953 |
| Hildahl W | 70,052 |
| Hilderman L | 169,788 |
| Hildes Ripstein G E | 95,601 |
| Hitchon C | 146,889 |
| Hlynka A | 195,786 |
| Ho K S | 53,288 |
| Hobbs C L | 77,403 |
| Hobson D E | 430,004 |
| Hodge S A | 528,944 |
| Hoeppner W T | 139,643 |
| Hoff H R | 170,968 |
| Holder F | 257,310 |

# Manitoba Health Services Insurance Plan
## The Public Sector Compensation Disclosure Act
### Schedule of Payment for Fiscal Year Ended March 31, 2006

| Name: | $ |
|---|---|
| Holland-Muter E | 189,369 |
| Holmes C | 138,472 |
| Holroyd D | 52,710 |
| Holt S C | 189,534 |
| Homik L | 601,482 |
| Honiball J J | 332,082 |
| Hooper W M | 277,702 |
| Horne D | 254,597 |
| Horton J | 164,258 |
| Horvath J F | 136,145 |
| Hosegood G | 84,772 |
| Hosking D | 451,627 |
| Houston D S | 62,945 |
| Howden W A | 313,036 |
| Hoy C S | 65,947 |
| Hoy G J | 77,534 |
| Hoy M L | 224,980 |
| Hrabarchuk B | 316,542 |
| Huebert D M | 406,283 |
| Huebert H T | 165,510 |
| Hughes P M | 190,855 |
| Hugo W L | 119,151 |
| Humphreys K M | 255,696 |
| Hurst L D | 281,045 |
| Husarewycz S | 357,550 |
| Hussain F | 170,811 |
| Hussain M I | 511,724 |
| Hutfluss G J | 400,203 |
| Hyman J R | 117,993 |
| Hynes A F | 58,759 |
| Ibbitt C J | 221,663 |
| Ijaz S P | 50,385 |
| Ilchyna D C | 241,338 |
| Iliffe G D | 172,238 |
| Ilnyckyj A | 184,890 |
| Ilse W K | 293,699 |
| Imam I E B | 120,217 |
| Ingimundson J C | 177,910 |
| Inglis D | 356,958 |
| Ingram P F | 192,595 |
| Intrater H | 233,823 |
| Ip A | 264,195 |
| Iqbal B | 127,597 |
| Irving J E | 251,563 |
| Isaac C | 187,711 |
| Isaacs R L | 280,222 |
| Israels S J | 64,492 |
| Jackson J H | 58,412 |
| Jacob V C | 838,502 |
| Jacobs J | 274,790 |
| Jaeger C | 232,821 |
| Jain M | 442,263 |
| James J M | 426,619 |
| Janzen L | 51,024 |
| Jason M | 269,488 |
| Jebamani S | 189,222 |
| Jenkinson D | 50,212 |
| Jensen B | 70,671 |
| Jensen C W B | 158,356 |
| Jeyakumar A S | 279,514 |
| Johannesson T | 90,743 |
| Johnson A W | 51,636 |
| Johnson B | 58,797 |
| Johnson C | 163,682 |
| Johnson D | 449,325 |
| Johnson E | 512,901 |
| Johnson H | 121,143 |
| Johnson M G | 304,674 |
| Johnston J B | 137,071 |
| Johnston J L | 124,077 |
| Jolly K S | 422,127 |
| Joshi C N | 86,270 |
| Joshi D A | 106,815 |
| Joshi J N | 378,489 |
| Joshua J M | 217,632 |
| Joundi M G | 270,413 |
| Jovel R E | 155,780 |
| Jowett A | 313,379 |
| Junaid A | 223,742 |
| Kabani A M | 169,937 |
| Kadambi D R | 108,408 |
| Kaethler W | 300,238 |
| Kahanovitch D | 263,246 |
| Kaita K D E | 216,434 |
| Kalansky G | 208,745 |
| Kalicinsky C | 199,443 |
| Kania J | 525,817 |
| Kanji R | 243,921 |
| Kaprowy R | 243,900 |
| Karlicki F | 293,316 |
| Karpinski M E | 158,630 |
| Karvelas J | 210,797 |
| Kashour T S | 486,935 |
| Kasper K D | 198,250 |
| Kassier K | 532,711 |
| Kassum D | 69,576 |
| Kati A A | 189,370 |
| Katz L | 189,093 |
| Katz P | 157,935 |
| Kaufman R | 116,522 |
| Kaushal R D | 211,410 |
| Kayler D E | 542,459 |
| Keddy-Grant J | 77,968 |
| Kehler T | 94,106 |
| Kelleher B E | 233,228 |
| Kellen P | 192,883 |
| Kellen R I | 570,719 |
| Kemkaran K | 199,349 |
| Kepron W | 179,503 |
| Kerr L | 87,143 |
| Kerr P D | 314,743 |
| Kettler J J | 122,500 |
| Kettner A | 133,431 |
| Khaleifa A O | 96,501 |
| Khan A | 150,627 |
| Khan A H | 353,416 |
| Khan N M | 375,853 |
| Khandelwal A S | 347,283 |
| Khelil A I | 273,155 |
| Khusi S | 207,440 |
| Kimelman A L | 107,238 |
| Kindle G F | 440,453 |
| King T D | 60,908 |
| Kinnear D | 264,456 |
| Kinsner J M | 165,094 |
| Kippen R N | 313,794 |
| Kirkpatrick I D C | 229,413 |
| Kirshner A | 239,430 |
| Kish S L | 196,632 |
| Kisil D | 73,603 |
| Kjernisted K D | 59,006 |
| Klaponski S | 89,601 |
| Klassen D H | 196,604 |
| Klassen N F | 266,973 |
| Klassen O | 172,027 |
| Klassen R | 100,976 |
| Kliewer K | 235,711 |
| Klippenstein N L | 501,218 |
| Klym K L | 92,204 |
| Knezic K A | 126,794 |
| Kobrinsky N | 51,920 |
| Koczanski R | 152,564 |
| Koensgen S J | 153,726 |
| Koh C | 120,667 |
| Kolt A M | 98,567 |
| Koltek M M | 58,489 |
| Komenda B W | 249,620 |
| Komosky J | 162,401 |
| Kong A M C | 237,357 |
| Koodoo S R | 234,762 |
| Korol G | 317,447 |
| Kotecha Y | 337,906 |
| Koulack J | 604,083 |
| Kousonsavath R | 150,761 |
| Koven S | 164,843 |
| Kovnats S | 70,150 |
| Kowalchuk I J | 280,941 |
| Kowalski S | 208,756 |
| Krahn C | 316,654 |
| Krahn J | 289,434 |
| Krahn M | 167,227 |
| Kramer M | 179,424 |
| Kraut A | 73,971 |
| Kredentser J | 164,849 |
| Kredentser S | 209,355 |
| Kremer S | 75,664 |
| Kreml J | 217,846 |
| Krepart G | 340,857 |
| Kroczak T J | 288,416 |
| Kroeker L R | 321,762 |
| Kroeker M A [2] | 2,420,724 |
| Kroft C D L | 73,823 |
| Krongold I [2] | 1,422,924 |
| Kruger P P | 152,767 |

# Manitoba Health Services Insurance Plan
## The Public Sector Compensation Disclosure Act
### Schedule of Payment for Fiscal Year Ended March 31, 2006

| Name: | $ |
|---|---|
| Kruk R D | 244,490 |
| Kryger M | 235,028 |
| Krzyzaniak K M | 183,936 |
| Kucheravy M | 55,696 |
| Kucheravy T | 50,868 |
| Kucparic P | 218,044 |
| Kuegle P F X | 267,940 |
| Kumar A | 285,372 |
| Kwon M | 129,567 |
| Kyeremateng D | 237,911 |
| Labella L | 114,568 |
| Lafontaine I [4] | 147,158 |
| Lage K L | 153,108 |
| Lagowski M C | 205,489 |
| Lam C C | 116,387 |
| Lam D S C | 178,659 |
| Lam H P | 493,178 |
| Lamb J A | 104,823 |
| Lamba K S | 110,902 |
| Lambrechts H | 223,494 |
| Lander D A | 90,027 |
| Lander M | 104,846 |
| Lane E S | 236,983 |
| Lane M A | 90,841 |
| Lang C | 297,623 |
| Langan J T | 374,008 |
| Langridge J K | 253,719 |
| Large G | 247,317 |
| Larue L B | 170,428 |
| Lategan B | 277,816 |
| Latosinsky S | 233,871 |
| Lau Y | 300,810 |
| Laurencelle R | 78,447 |
| Lautatzis M [2] | 554,667 |
| Lautenschlager E | 73,844 |
| Lavallee B | 59,662 |
| Lawrence P H | 447,753 |
| Lazar M H | 290,717 |
| Le Roux B J | 644,181 |
| Le Roux C | 221,238 |
| Le Roux P C | 276,072 |
| Leader E | 61,323 |
| Lebedin W W | 332,590 |
| Lecuyer N S | 138,564 |
| Lee B D | 83,641 |
| Lee F F | 296,533 |
| Lee G Q | 185,575 |
| Lee H B | 330,230 |
| Lee J J Y | 640,289 |
| Lee L | 106,092 |
| Lee S | 579,611 |
| Lee T J | 269,130 |
| Lee T W | 413,380 |
| Lee V K | 571,742 |
| Lee-Kwen J | 145,683 |
| Lee-Wing M W | 477,811 |
| Leen D A | 332,499 |
| Lefevre G R | 322,315 |
| Lei B T C | 291,172 |
| Leicht R | 805,849 |
| Leitao D J | 225,704 |
| Lemoine G G | 243,091 |
| Lemon K | 53,217 |
| Lemon P W | 311,833 |
| Lerner M | 66,262 |
| Lerner N | 247,910 |
| Leslie H | 57,480 |
| Letkeman R C | 326,548 |
| Letts K | 60,673 |
| Leung W M | 147,919 |
| Leung Shing L P | 237,956 |
| Levesque J | 55,903 |
| Levi C S | 364,320 |
| Levin B L | 417,878 |
| Levin H | 284,732 |
| Levy S B | 196,971 |
| Lezack J D | 355,993 |
| Li H | 56,923 |
| Li W | 227,603 |
| Lieberman D K | 231,171 |
| Lim F | 221,799 |
| Lindenschmidt R | 292,856 |
| Lindquist L [2] | 460,677 |
| Lindsay D | 76,758 |
| Lindsay D J | 713,850 |
| Lindsay G M | 311,661 |
| Lines A J | 52,047 |
| Lint D W | 65,427 |
| Lipinski G | 278,137 |
| Lipnowski S | 530,464 |
| Lipschitz J | 529,210 |
| Lipson A H | 152,075 |
| Littleford J A | 262,211 |
| Lo E | 85,698 |
| Loader K | 242,339 |
| Lockman L E | 321,311 |
| Lodewyks G A F | 95,052 |
| Loepp C | 129,353 |
| Lofgren S R | 128,234 |
| Logan A C | 489,928 |
| Loh C C | 109,297 |
| Loiselle J A | 309,636 |
| Long A L | 904,826 |
| Longstaffe A E | 254,981 |
| Longstaffe S | 191,334 |
| Lopez G | 52,368 |
| Lorteau G | 63,179 |
| Lotocki R J | 461,380 |
| Loudon M | 204,368 |
| Louridas G | 287,033 |
| Love H W | 66,164 |
| Lowden C S | 330,147 |
| Lowther G H | 88,686 |
| Lu P B | 161,883 |
| Lucash S E | 161,569 |
| Lucman L L [1] | 1,409,502 |
| Lucman T S | 54,206 |
| Lucy S | 338,679 |
| Ludwig L | 154,477 |
| Ludwig S | 179,312 |
| Luk T L | 249,493 |
| Lukie B J | 270,545 |
| Lynch J M | 51,715 |
| Lyons E A | 430,914 |
| Lysack A M | 408,212 |
| Lysack D A [2] | 326,382 |
| Mabin D | 425,423 |
| MacDiarmid A L | 155,664 |
| MacDonald N | 248,466 |
| MacDonald P | 337,983 |
| MacDougall B | 147,336 |
| MacDougall E | 151,745 |
| Macdougall G | 391,906 |
| MacEachern N | 315,805 |
| Macek R K W | 199,752 |
| MacFarlane C | 265,131 |
| MacIntosh E L | 309,989 |
| MacKay M J | 79,283 |
| MacKay Michael J | 99,295 |
| MacKenzie G S | 204,735 |
| MacKenzie S K | 112,614 |
| MacKlem A K | 341,899 |
| MacLeod B A | 220,971 |
| MacMahon R | 240,389 |
| MacMillan M B | 263,868 |
| Macrodimitris A G | 183,238 |
| Magerman E W | 183,029 |
| Maguire D | 362,667 |
| Maharaj C | 124,724 |
| Maharaj G R | 228,012 |
| Maharaj I G | 302,573 |
| Mahay R K | 418,368 |
| Maier J C | 232,733 |
| Maier R J | 140,599 |
| Major P [2] | 651,633 |
| Maksymiuk A W | 123,441 |
| Malabanan E | 329,125 |
| Mallick K C | 658,344 |
| Manishen W J | 268,430 |
| Manness R C | 200,536 |
| Manswell C B | 266,109 |
| Manusow D | 364,900 |
| Marais F | 54,188 |
| Marantz J | 96,708 |
| Mare A C | 288,721 |
| Margolis N | 300,236 |
| Marles S L | 61,958 |
| Marsh D W | 187,332 |
| Martens R | 237,366 |
| Martens Barnes C | 141,480 |
| Martin A G | 57,646 |
| Martin D | 123,146 |
| Marx T | 309,865 |
| Maslow K D | 160,234 |

# Manitoba Health Services Insurance Plan
## The Public Sector Compensation Disclosure Act
### Schedule of Payment for Fiscal Year Ended March 31, 2006

| Name: | $ |
|---|---|
| Matas M | 112,254 |
| Mathen M K | 651,942 |
| Mathew G | 278,969 |
| Mathieson A L | 240,366 |
| Mathison T L | 107,446 |
| Matsubara T K | 264,763 |
| Matthew T | 357,842 |
| Maxin R | 64,382 |
| Maxwell B | 158,777 |
| Maxwell I | 301,566 |
| Mayba I I | 205,457 |
| Mayba J I | 538,733 |
| Maycher B | 453,412 |
| McCammon R J | 143,380 |
| McCarthy G F | 615,893 |
| McCarthy T G | 448,236 |
| McClarty B | 829,643 |
| McConnell M | 266,512 |
| McCullough D W | 96,808 |
| McDowell J D | 183,389 |
| McFadden L R | 287,514 |
| McGinn G | 547,884 |
| McGregor B | 76,289 |
| McIntyre I L | 247,676 |
| McKenzie T | 268,119 |
| McKiernan B | 347,895 |
| McLeod J K | 266,492 |
| McNaught J | 82,767 |
| McNeill A M | 238,922 |
| McPhee J | 151,724 |
| McPherson J A M | 212,410 |
| McTaggart D L | 185,729 |
| McTavish W G | 265,808 |
| Medd T M | 57,286 |
| Mehta A | 152,903 |
| Mehta P G | 349,884 |
| Mellon A M | 384,316 |
| Menard S L | 310,732 |
| Menkis A H | 325,014 |
| Menticoglou S | 566,388 |
| Menzies R J | 487,085 |
| Mercier N | 157,048 |
| Mestdagh B E | 105,649 |
| Mestdagh R J | 80,448 |
| Mestito Dao I | 50,881 |
| Meyrowitz D | 385,645 |
| Mhanni A | 91,359 |
| Mian M T | 255,225 |
| Micflikier A B | 1,289,532 |
| Milambiling E M | 323,422 |
| Milambiling L C P | 237,943 |
| Millar T | 70,550 |
| Miller A | 167,384 |
| Miller D L | 146,616 |
| Miller D M | 319,438 |
| Miller L | 161,726 |
| Miller M | 318,778 |
| Miller T L | 338,451 |
| Mills B J | 220,639 |
| Milner J F | 525,364 |
| Milner T G [1] | 1,094,360 |
| Mina M M F | 150,700 |
| Minish T M | 53,177 |
| Mink S | 93,675 |
| Minnaar J | 229,510 |
| Mintz S L | 69,734 |
| Minuk E | 199,338 |
| Miranda G | 63,048 |
| Mis A A | 431,945 |
| Miskiewicz L M | 101,810 |
| Moddemann D | 138,822 |
| Mohamdee J F | 144,412 |
| Mohammed I | 263,929 |
| Moharib N | 63,944 |
| Moller E E | 127,077 |
| Moltzan C | 149,622 |
| Momoh J T | 438,231 |
| Moncek J A | 370,247 |
| Monson R C | 291,242 |
| Monteiro G E | 323,544 |
| Montgomery P | 118,452 |
| Montoedi J | 269,187 |
| Moore R F | 92,607 |
| Moorhouse J A | 135,215 |
| Moran De Muller K | 522,380 |
| Morgan T R | 386,394 |
| Morier G S | 100,644 |
| Moroz S P | 87,327 |
| Morris A L | 247,544 |
| Morris G S | 222,909 |
| Morris M | 207,522 |
| Morton P G D | 136,634 |
| Mostert F | 238,946 |
| Mould S M | 214,419 |
| Mowat G | 167,890 |
| Mowchun L | 95,043 |
| Mowchun N | 229,950 |
| Muirhead B | 217,687 |
| Mulhall D | 57,597 |
| Muller J G | 64,424 |
| Muller T | 304,720 |
| Muller Delgado H A | 303,698 |
| Muncner A | 112,568 |
| Muncner P | 133,452 |
| Mundle S | 61,618 |
| Murphy L J | 198,623 |
| Murray E | 141,670 |
| Murray G G | 51,161 |
| Murray K | 475,246 |
| Muruve G N | 300,116 |
| Mutch W A C | 151,882 |
| Myers W E | 461,804 |
| Mymin D | 97,993 |
| Mysore M | 282,405 |
| Nachtigal H | 59,745 |
| Nagaria M | 236,935 |
| Nagaria N | 67,973 |
| Naidoo J [1] | 8,820,769 |
| Naidoo S P [1] | 4,312,279 |
| Nair U K | 350,230 |
| Narrandes R | 478,919 |
| Narvey E B | 60,425 |
| Nason R W | 320,962 |
| Nasser-Sharif S B | 91,243 |
| Naugler S | 348,941 |
| Nause L N | 110,078 |
| Navaratnam S | 74,681 |
| Nelko S | 55,670 |
| Nell A M | 424,571 |
| Nemeth P | 274,437 |
| Nepon J | 350,524 |
| Neufeld H | 108,220 |
| Newman F | 226,115 |
| Nguyen H | 194,437 |
| Nguyen K M | 248,489 |
| Nguyen L | 285,645 |
| Nguyen M H | 298,478 |
| Nicolle L E | 153,450 |
| Nigam R | 365,104 |
| Nkosi J E | 107,954 |
| Noel C | 555,867 |
| Nugent L M | 280,019 |
| Nyhof H | 247,734 |
| Nyomba B L | 127,407 |
| O'Hagan D B | 335,512 |
| O'Keeffe K M | 188,524 |
| O'Sullivan M J | 299,333 |
| Ochonska M | 354,027 |
| Oen K G | 79,200 |
| Ogaranko C P | 162,373 |
| Olafson K | 68,464 |
| Olin G M | 51,099 |
| Olson R L | 195,194 |
| Olweny C L | 90,920 |
| Olynyk F | 122,142 |
| Omelan C K | 192,864 |
| Omichinski L M | 351,090 |
| Ong B Y | 339,875 |
| Ong G H | 332,177 |
| Onotera R | 260,266 |
| Onyshko D J | 248,800 |
| Ormiston J D | 312,282 |
| Orr P | 190,345 |
| Osler F G | 283,447 |
| Ospina-Ordonez J A | 96,574 |
| Pachal C A | 171,135 |
| Pacin A | 205,901 |
| Pacin O | 308,098 |
| Pacin S | 240,999 |
| Padeanu D | 91,562 |
| Padeanu F T | 169,044 |
| Padua R N | 304,952 |
| Padua R R | 122,466 |
| Paetkau D | 275,031 |

## Manitoba Health Services Insurance Plan
## The Public Sector Compensation Disclosure Act
### Schedule of Payment for Fiscal Year Ended March 31, 2006

| Name: | $ |
|---|---|
| Panaskevich T | 474,066 |
| Pang E G | 140,821 |
| Paphitou N | 124,247 |
| Paquin R W [2] | 1,088,410 |
| Parham S M | 287,490 |
| Parker K R | 218,281 |
| Partap N A | 126,359 |
| Partridge G | 71,422 |
| Pascoe E A | 505,407 |
| Pasterkamp H | 102,664 |
| Patel Jayshree | 93,668 |
| Patel Leena R | 345,824 |
| Patel Praful C | 491,556 |
| Patel Pravin C | 398,073 |
| Patel R C | 427,783 |
| Patel S V | 242,167 |
| Pauls M A | 56,924 |
| Pawlak J | 129,286 |
| Peabody D | 130,266 |
| Pederson K | 60,527 |
| Pelissier R | 90,417 |
| Penner K | 137,484 |
| Penner S B | 190,650 |
| Penrose M | 311,884 |
| Perkins G | 67,044 |
| Perlov J | 139,476 |
| Permack S | 225,012 |
| Perrett M | 88,673 |
| Peschken C | 90,799 |
| Peterdy A E | 139,360 |
| Peters D | 311,399 |
| Peters H | 317,149 |
| Peters H O | 211,645 |
| Peters R J | 154,945 |
| Peters S M | 65,600 |
| Peterson C | 133,786 |
| Peterson J | 258,272 |
| Petkau A | 137,303 |
| Petrilli L A | 77,878 |
| Pettinger C S | 172,407 |
| Philipp R K | 539,641 |
| Pickard K | 132,417 |
| Pickering B | 323,199 |
| Pierce G W [2] | 646,806 |
| Pieterse A N | 67,871 |
| Pieterse W | 185,419 |
| Pieterse W | 260,341 |
| Pilat E J | 193,542 |
| Pilkey B D | 292,670 |
| Pillay P G | 231,773 |
| Pinder M | 221,619 |
| Pinette G D | 167,754 |
| Pinniger G W | 209,346 |
| Pintin-Quezada J | 321,439 |
| Pirzada M A | 255,076 |
| Pittman P | 84,967 |
| Plueschow M | 58,442 |
| Podolsky G R | 125,812 |
| Poettcker R J | 242,321 |
| Polimeni C | 121,913 |
| Polimeni J O | 121,163 |
| Pollock B | 412,842 |
| Poon W W C | 240,324 |
| Popoff D | 114,885 |
| Popowich S | 137,268 |
| Possia C | 58,474 |
| Postuma R | 155,427 |
| Potoski J P | 389,479 |
| Prakash D | 163,917 |
| Prasad B | 170,848 |
| Prenovault J | 276,282 |
| Pretorius A | 309,527 |
| Pretorius L L | 123,327 |
| Price J | 254,546 |
| Prinsloo J | 232,056 |
| Pritchard P | 69,055 |
| Prober M A | 174,051 |
| Prodan O | 153,926 |
| Psooy K J | 115,134 |
| Putnins C | 135,322 |
| Puttaert D | 93,436 |
| Pymar H C | 72,964 |
| Quan W | 307,611 |
| Quesada R | 242,851 |
| Raabe M A | 725,340 |
| Rabson J L R | 1,021,760 |
| Racette T | 126,584 |
| Rafiq M | 222,948 |
| Rahman J | 66,004 |
| Rahman M | 118,165 |
| Raizen M | 108,165 |
| Rajani K R | 520,299 |
| Ramaya S | 238,695 |
| Ramgoolam R | 358,967 |
| Ramsay J A | 75,238 |
| Randolph J L | 58,281 |
| Rao K B | 300,528 |
| Raubenheimer J P | 320,136 |
| Regehr J | 63,490 |
| Rehal R S | 257,163 |
| Rehsia D | 692,145 |
| Reid G J | 258,729 |
| Reimer D J | 395,434 |
| Reimer D K | 218,499 |
| Reimer H | 314,311 |
| Reimer M B | 243,312 |
| Reiss J P | 70,569 |
| Rempel R G | 136,613 |
| Renner E | 103,579 |
| Rennie W R J | 107,052 |
| Renouf F | 270,216 |
| Reslerova M | 462,242 |
| Reyneke A | 270,876 |
| Rice P | 161,433 |
| Rich A D | 249,943 |
| Richardson C J | 252,579 |
| Riche B [3] | 505,523 |
| Ridah D | 113,196 |
| Ridley T S | 116,514 |
| Rigatto C | 325,467 |
| Ringaert K | 208,314 |
| Riordan P | 137,090 |
| Ripstein I | 115,671 |
| Ritchie B A | 273,359 |
| Ritchie J | 136,054 |
| Rivas J H | 60,080 |
| Roberts J R | 282,514 |
| Roberts M | 50,505 |
| Robertson G A | 296,501 |
| Robillard S C | 144,576 |
| Robinson C C | 181,282 |
| Robinson D B | 231,180 |
| Robinson D J | 194,488 |
| Robinson J | 447,430 |
| Robinson W | 255,368 |
| Rocha G | 778,927 |
| Roche G | 214,170 |
| Roe B E | 118,538 |
| Rogozinska L | 436,246 |
| Rolls R E | 196,372 |
| Rosenthal P | 154,318 |
| Ross F J | 245,243 |
| Ross F K | 94,396 |
| Ross J F | 649,424 |
| Ross L L | 282,531 |
| Rosser S J | 63,070 |
| Rossouw J | 215,821 |
| Rothova A | 227,477 |
| Roussin B C | 219,759 |
| Roux J G | 244,448 |
| Roy M | 143,585 |
| Roy M J | 153,554 |
| Rubinger M | 95,044 |
| Rubinstein E | 72,203 |
| Ruddock D L | 338,086 |
| Rumbolt B R | 289,844 |
| Rusen J B | 334,315 |
| Rush D N | 119,369 |
| Rush N O S | 183,609 |
| Rusnak B | 183,948 |
| Rust G | 68,990 |
| Rust L | 97,588 |
| Rutherford B E | 78,613 |
| Ryall L A | 67,539 |
| Ryckman B A | 275,070 |
| Saad N | 56,664 |
| Saadia R | 173,789 |
| Sabeski L M | 333,369 |
| Sachdeva R K | 271,296 |
| Sadri D | 243,262 |
| Saettler E | 166,738 |
| Salamon E | 497,480 |
| Salem F | 480,338 |
| Salman M S | 59,052 |

# Manitoba Health Services Insurance Plan
## The Public Sector Compensation Disclosure Act
### Schedule of Payment for Fiscal Year Ended March 31, 2006

| Name: | $ |
|---|---|
| Sam D X | 60,383 |
| Sami S | 52,938 |
| Samuels E R | 158,441 |
| Sanders R W | 116,357 |
| Sandhu S S | 86,113 |
| Saran K D | 117,562 |
| Saranchuk J W | 181,525 |
| Sareen J | 77,011 |
| Sareen S | 372,314 |
| Sarlas E | 92,094 |
| Saunders C G [2] | 1,223,468 |
| Saunders K | 146,416 |
| Savage B | 253,308 |
| Sawchuk J P | 82,810 |
| Sawyer J A | 266,438 |
| Scarth J | 56,684 |
| Scatliff J | 276,308 |
| Schachter M A | 115,268 |
| Schacter B A | 53,891 |
| Schaeffer D | 62,078 |
| Schaub J C | 143,563 |
| Schellenberg D | 129,311 |
| Schellenberg J D | 86,422 |
| Schellenberg W C | 385,036 |
| Schledewitz I L | 62,778 |
| Schmidt B J | 87,101 |
| Schneider C E | 270,850 |
| Schroeder A N | 306,176 |
| Schur N K | 370,812 |
| Schurmann E | 79,395 |
| Schwartz L D | 133,140 |
| Scott J | 411,557 |
| Scurrah J D | 268,087 |
| Seager M J | 400,781 |
| Seftel M D | 89,087 |
| Segstro R J | 259,618 |
| Seifer C M | 203,112 |
| Seifer R | 72,764 |
| Seitz A R | 233,946 |
| Selaman M H | 119,417 |
| Sellers E | 67,876 |
| Sen R | 165,919 |
| Senderewich E C | 179,591 |
| Sethi K | 117,231 |
| Sethi S | 306,792 |
| Sett S | 61,419 |
| Sevilla J A | 112,616 |
| Sewell G | 124,523 |
| Shabash O M | 106,649 |
| Shah A | 221,473 |
| Shah B | 303,701 |
| Shah N | 89,582 |
| Shaikh N | 128,694 |
| Shane F | 64,462 |
| Shane M | 323,266 |
| Sharif M N | 391,556 |
| Shariff F K | 131,786 |
| Sharkey J B | 412,261 |
| Sharma S | 274,866 |
| Shelton L | 95,293 |
| Shelton P A | 143,478 |
| Shepertycky M R | 178,479 |
| Sheps M | 182,786 |
| Shiffman F H | 382,992 |
| Shnider M | 138,498 |
| Shojania A M | 170,729 |
| Shuckett P | 341,200 |
| Shum K C | 270,764 |
| Shumsky D | 60,871 |
| Shunmugam R | 596,236 |
| Sickert H G | 150,181 |
| Siemens J | 104,981 |
| Sigurdson E | 141,269 |
| Sikora F J | 242,844 |
| Silagy S | 349,868 |
| Silver N A | 191,098 |
| Silver S | 597,975 |
| Silverman R E | 278,426 |
| Simard-Chiu L A | 177,636 |
| Simcoff M A | 172,154 |
| Simm J F | 150,148 |
| Simmonds C B | 97,838 |
| Simonsen J N | 55,553 |
| Simonson D W | 119,130 |
| Singer M | 134,678 |
| Singer R | 154,930 |
| Singh A | 284,928 |
| Singh G B | 418,721 |
| Singh H | 156,976 |
| Singh J | 137,204 |
| Singh M | 287,039 |
| Singh S | 52,777 |
| Sinha M | 310,451 |
| Sinha S N | 541,186 |
| Skakum K K | 141,917 |
| Skead L | 352,495 |
| Sloan G | 187,795 |
| Smart J R A | 276,439 |
| Smil E | 227,468 |
| Smith D D | 152,469 |
| Smith H W E | 516,214 |
| Smith L F | 495,460 |
| Smith R G | 218,407 |
| Smith R W | 230,005 |
| Snovida L | 238,002 |
| Sochocka E K | 165,409 |
| Sokal J E M | 107,752 |
| Sokolowski D | 258,336 |
| Sommer H M | 149,799 |
| Soni N R | 191,212 |
| Soni S D | 115,352 |
| Spanihel J J | 72,085 |
| Speer M | 213,460 |
| Srichandra W | 249,034 |
| St John P D | 88,054 |
| St Vincent A | 250,657 |
| Stanko L | 322,130 |
| Stearns E | 340,836 |
| Stecher R D | 198,544 |
| Stedman N | 59,645 |
| Stefanyshen G S | 76,092 |
| Steigerwald R | 128,669 |
| Steinberg F | 67,819 |
| Steinberg R J G | 157,611 |
| Stelzer J | 165,806 |
| Stenhouse J K | 121,332 |
| Stephensen M C | 252,709 |
| Stewart G B | 54,227 |
| Steyn E | 52,369 |
| Stillwater R B | 179,590 |
| Stimpson R | 119,962 |
| Stitt G P | 50,021 |
| Stitt R L | 59,788 |
| Stitz M | 168,761 |
| Stockl F A | 807,780 |
| Stone J D | 344,227 |
| Storoschuk G W | 229,986 |
| Stoykewych A A | 80,739 |
| Strang D G | 64,319 |
| Sud A K | 680,150 |
| Sullivan M | 107,673 |
| Suski L | 68,760 |
| Susser M | 195,636 |
| Sutherland D E | 266,689 |
| Sutherland E N | 230,550 |
| Sutherland J G | 161,508 |
| Sutherland S | 136,485 |
| Sutter J A | 298,365 |
| Sutton I R | 282,974 |
| Svorkdal N J | 284,117 |
| Swain V J | 83,439 |
| Swartz J | 213,317 |
| Sweetland R | 98,555 |
| Swenarchuk G | 67,763 |
| Symchych M | 63,591 |
| Syslak W B | 207,604 |
| Szajkowski S | 244,905 |
| Tadros I | 55,047 |
| Talbot J A | 50,381 |
| Tam J W | 117,826 |
| Tan L | 348,898 |
| Tang-Wai R | 392,418 |
| Tanner J | 325,655 |
| Taraska V | 577,592 |
| Taraska Victoria | 404,925 |
| Targownik L E | 179,254 |
| Tawfik Helmy S | 71,829 |
| Taylor H R | 444,308 |
| Taylor M C | 195,255 |
| Taylor P D | 62,602 |
| Taylor S N | 403,519 |
| Tenenbein M | 92,475 |
| Teskey J | 174,161 |
| Thayaparan J | 147,061 |

# Manitoba Health Services Insurance Plan
## The Public Sector Compensation Disclosure Act
### Schedule of Payment for Fiscal Year Ended March 31, 2006

| Name: | $ |
|---|---|
| Theodore G M | 285,968 |
| Therrien D J | 77,101 |
| Thiessen M N | 254,955 |
| Thiessen R J | 54,034 |
| Thille S M | 118,688 |
| Thomas S T | 85,467 |
| Thompson R A | 61,031 |
| Thompson T R | 181,280 |
| Thomson G T D | 207,767 |
| Thomson I R | 281,107 |
| Thorlakson D | 152,171 |
| Thorlakson R H | 274,211 |
| Thottingal A P | 109,675 |
| Thwala A B | 306,229 |
| Timmerman D | 51,977 |
| Ting D | 137,388 |
| Tober A E | 126,276 |
| Tobia M H | 177,132 |
| Toews H A | 154,203 |
| Toews K A | 247,061 |
| Tole G D | 58,085 |
| Tomchuk E | 367,689 |
| Tomy H | 139,085 |
| Tomy P | 267,191 |
| Toole J | 331,370 |
| Toth J M | 54,098 |
| Trainor J M [1] | 5,877,508 |
| Tran C P | 256,746 |
| Tsang D | 407,009 |
| Tsang K F M [1] | 256,843 |
| Tse W C | 199,997 |
| Tsuyuki S H [2] | 491,138 |
| Tulloch H V | 92,097 |
| Turabian M | 278,655 |
| Turner D R | 382,048 |
| Turner R B | 367,444 |
| Ullyot G L E | 50,923 |
| Ullyot S | 269,169 |
| Unruh H W | 334,034 |
| Uys T | 282,855 |
| Van Alstyne M | 482,951 |
| Van Ameyde K | 153,876 |
| Van De Velde R | 236,933 |
| Van Dyk W W | 57,666 |
| Van Gend R | 215,727 |
| Van Horne W A | 206,745 |
| Van Jaarsveld B P | 137,888 |
| Van Jaarsveldt W | 372,436 |
| Van Niekerk E | 249,087 |
| Van Niekerk S | 253,138 |
| Van Rensburg C J | 303,354 |
| Van Rensburg N | 329,888 |
| Van Rensburg N J | 300,836 |
| Van Rensburg P D J | 386,457 |
| Van Rooyen G | 179,360 |
| Van Rooyen M L | 428,228 |
| Vanderwert R T | 194,548 |
| Varma A | 386,523 |
| Varma N B | 104,851 |
| Vasconcelos J A | 259,687 |
| Vattheuer A | 65,921 |
| Vattheuer F B | 192,343 |
| Verma M R | 241,588 |
| Verrelli M [3] | 568,967 |
| Vianzon C S | 316,102 |
| Vickar E L | 255,001 |
| Vijay R | 263,487 |
| Violago F | 211,916 |
| Vipulananthan M | 121,385 |
| Vipulananthan V | 85,560 |
| Visch S H R | 119,090 |
| Visser G | 344,491 |
| Visser H B | 63,292 |
| Voyer D | 93,474 |
| Wakeman M S | 130,988 |
| Waldman J C | 185,193 |
| Wallace S E | 191,810 |
| Walli J E | 414,953 |
| Walters J J | 172,020 |
| Wang J | 351,606 |
| Warda L J | 80,949 |
| Warraich N | 75,973 |
| Warren C P W | 247,031 |
| Warrian R K | 386,012 |
| Warrington R | 198,047 |
| Watson J D | 56,704 |
| Watson W T A | 64,526 |
| Watters T | 61,842 |
| Webb S | 149,865 |
| Weeraratne M B | 132,279 |
| Weidman M L | 285,255 |
| Weirich M K | 307,204 |
| Weizman S | 307,702 |
| Welch G J | 160,181 |
| Werier J | 292,560 |
| White O J | 386,086 |
| White S | 66,941 |
| White V P | 67,196 |
| Whittaker E | 95,750 |
| Wickert W A | 207,736 |
| Wiebe K L | 113,151 |
| Wiens A V | 371,155 |
| Wiens J J | 471,831 |
| Wiens J L | 590,751 |
| Wiens P J | 67,808 |
| Wiesenthal B D | 148,943 |
| Wiesenthal Z | 229,623 |
| Wightman H R [1] | 3,546,569 |
| Wightman N A | 185,808 |
| Willemse P | 622,023 |
| Williamson D | 88,928 |
| Willows J R | 218,009 |
| Wilson A S | 59,357 |
| Wilson G P | 343,233 |
| Wilson M [2] | 740,928 |
| Winistok W | 144,840 |
| Winogrodzka C | 277,279 |
| Winzoski T | 73,255 |
| Wirch M F | 143,828 |
| Wiseman D G H | 211,357 |
| Wiseman M C | 349,666 |
| Wiseman N | 283,414 |
| Woelk C | 280,200 |
| Wolfe K B | 179,730 |
| Wollner G P | 120,632 |
| Wong H | 286,639 |
| Wong J K | 67,782 |
| Wong R P W | 292,449 |
| Wong S G | 119,170 |
| Wong S W C | 457,154 |
| Wong T | 179,581 |
| Woo C | 286,065 |
| Woo N | 377,445 |
| Woo V C | 474,296 |
| Woods A K | 200,236 |
| Woolf C I | 70,935 |
| Wozney L R | 158,755 |
| Yaffe C | 552,878 |
| Yale R | 107,880 |
| Yamamoto K | 277,349 |
| Yamsuan M | 120,212 |
| Yanofsky R | 53,866 |
| Yaren S | 142,314 |
| Yeung C | 327,192 |
| Yip B | 263,878 |
| Young B C | 150,299 |
| Young J | 136,141 |
| Young M R | 186,464 |
| Young R S | 396,522 |
| Yuen C K | 352,079 |
| Yung G S | 169,131 |
| Zabolotny B P | 164,671 |
| Zacharias G W | 314,012 |
| Zacharias J [3] | 325,314 |
| Zaki M F | 379,958 |
| Zeiler F | 444,545 |
| Zetaruk M | 50,734 |
| Ziesmann M | 576,482 |
| Zimmer K W | 249,126 |
| Ziomek A | 75,697 |
| Zloty R B | 72,780 |
| Zurbyk R | 63,897 |

## Manitoba Health Services Insurance Plan
## The Public Sector Compensation Disclosure Act
### Schedule of Payment for Fiscal Year Ended March 31, 2006

***Explanatory Notes:***

(1) *Director of a laboratory facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See below for list of facilities).*

(2) *Director of a radiology facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 113 for list of facilities).*

(3) *Billings for Dialysis services representing the work of more than one physician. (See page 114 for list of facilities).*

(4) *Director of a nuclear medicine facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 114 for list of facilities).*

## Laboratory Directors and Facilities

| | |
|---|---|
| Czarnecki W | Manitoba Clinic |
| Lucman L | Winnipeg Clinic |
| Milner T G | Western Medical Clinic<br>The Brandon Clinic |
| Naidoo J | Central Medical Laboratory |
| Naidoo S P | Southwood Laboratory<br>Unicity Lab Services-McPhillips Street |
| Trainor J M | Medical Arts Building<br>Windsor Park Medical Centre<br>Lakewood Medical Centre |
| Tsang K F M | Norlyn Lab Service |
| Wightman H R | Assiniboine Clinic Lab |

**Manitoba Health Services Insurance Plan**
**The Public Sector Compensation Disclosure Act**
**Schedule of Payment for Fiscal Year Ended March 31, 2006**

## Radiology Directors and Facilities

| | |
|---|---|
| Boult Ian F | Winnipeg Radiology Consultants - Medical Arts Building<br>Winnipeg Radiology Consultants - Charleswood Clinic<br>Winnipeg Radiology Consultants – Markham Professional Centre |
| Brooker G | Abbott Clinic |
| Coueslan G W | The Brandon Clinic<br>Clement Block Xray |
| Dyck D R | Boundary Trails Health Centre |
| Eaglesham H | Manitoba Xray Clinic - Elmwood Branch<br>Manitoba Xray Clinic – Westwood Portables<br>Lakewood Medical Center |
| Kroeker M A | Manitoba X-Ray Clinic - MRI<br>Manitoba X-Ray Clinic - Tache Branch |
| Krongold I | Kaprowy & Associates Drs.<br>Assiniboine Clinic<br>Tache X-Ray Clinic<br>Parkview X-Ray Clinic |
| Lautatzis M | Boyd X-Ray Clinic<br>Legacy X-Ray<br>Seven Oaks X-Ray Clinic<br>Winnipeg Clinic |
| Lindquist L | Linquist Medical Corporation-Radiology Consultants of Wpg<br>Winnipeg Clinic |
| Lysack, D A | Brandon General Hospital |
| Major P | Manitoba Clinic |
| Paquin R W | Transcona Clinic Xray<br>Metro Xray Clinic – Rothesay<br>Metro Xray Clinic – McPhillips |
| Pierce G W | Manitoba Xray Clinic - Westwood Branch |
| Saunders C G | Diagnostic Services Division<br>Manitoba X-Ray Clinic |
| Tsuyuki S H | St. Boniface Clinic |
| Wilson M | Manitoba X-Ray Clinic – Misericordia Care Centre |

**Manitoba Health Services Insurance Plan**
**The Public Sector Compensation Disclosure Act**
**Schedule of Payment for Fiscal Year Ended March 31, 2006**

## Dialysis Directors and Facilities

| | |
|---|---|
| Allan, D R | Health Sciences |
| Bernstein, K | Health Sciences Centre and Seven Oaks |
| Fine, A & Verrelli, M | St. Boniface General Hospital |
| Riche, B | Brandon General Hospital |
| Zacharias, J | **Local Centres**<br>Dauphin General Hospital<br>Flin Flon General Hospital<br>Lakeshore General Hospital<br>Morden Hospital<br>Norway House Hospital<br>Pine Falls Hospital<br>Portage la Prairie Hospital<br>Selkirk General Hospital<br>The Pas Health Complex<br>Thompson General Hospital |

## Nuclear Medicine Directors and Facilities

| | |
|---|---|
| Dupont J O | Nuclear Medicine Consultants<br>Winnipeg Clinic – Nuclear Medicine<br>St. Boniface Hospital- Nuclear Medicine |
| Lafontaine I | Brandon |

# APPENDIX I

## SUMMARY OF STATUTES RESPONSIBILITY – MINISTER OF HEALTH

***THE ANATOMY ACT (A80)***
- Provides for the appointment of an Inspector of Anatomy and sub-inspectors.
- Sets out who is entitled to claim a body.
- Regulates what can and cannot be done with bodies that are not claimed.

***THE CANCERCARE MANITOBA ACT (C20)***
- Creates CancerCare Manitoba and provides it with the authority to deliver programs related to the prevention and treatment of cancer.

***THE CHIROPRACTIC ACT (C100)***
- Authorizes The Chiropractors' Association to regulate chiropractors in Manitoba.

***THE DENTAL ASSOCIATION ACT (D30)***
- Allows the Manitoba Dental Association to regulate the practice of dentistry in Manitoba.

***THE DENTAL HEALTH WORKERS ACT (D31)***
- Allows dental health workers such as dental hygienists to be registered so that they can provide services under *The Dental Health Services Act.*

***THE DENTAL HEALTH SERVICES ACT (D33)***
- Allows the Minister of Health to make arrangements to provide preventive and treatment dental services to certain persons designated by the Lieutenant Governor in Council. There is currently no program established under this Act.

***THE DENTURISTS ACT (D35)***
- Authorizes The Denturists Association to regulate denturists in Manitoba.

***THE ELDERLY AND INFIRM PERSONS' HOUSING ACT (E20)***
(Except with respect to elderly persons' housing units as defined in the Act)
- Governs the establishment of housing accommodation for the elderly or infirm.

***THE EMERGENCY MEDICAL RESPONSE AND STRETCHER TRANSPORTATION ACT (E83)***
- Regulates the emergency medical response services and personnel and the stretcher transportation services and personnel.

***THE DEPARTMENT OF HEALTH ACT (H20)***
- Provides certain authority for the Minister of Health to appoint senior management and to be an ex-officio member of the board of any health care institution receiving funding from the Department.
- Specifies remedies of government in cases where expenses are incurred but not paid by the person incurring the expense and the expense becomes a liability of government.

***THE DISTRICT HEALTH AND SOCIAL SERVICES ACT (H26)***
- Governs the establishment and operation of health and social services districts.
- No new health and social services districts have been established since the enactment of *The Regional Health Authorities Act.*

***THE HEALTH SERVICES ACT (H30)***
- Governs the establishment and operation of hospital districts.
- No new hospital districts have been established since the enactment of *The Regional Health Authorities Act.*

***THE HEALTH SERVICES INSURANCE ACT (H35)***
- Governs the administration of the Manitoba Health Services Insurance Plan in respect of the costs of hospital services, medical services, personal care services and other health services.

***THE HEARING AID ACT (H38)***
- Provides for a Hearing Aid Board to licence hearing aid dealers and deal with complaints.

***THE HOSPITALS ACT (H120)***
- Relates to the operation of hospitals except for private hospitals.

***THE HUMAN TISSUE GIFT ACT (H180)***

- Regulates organ and tissue donations in Manitoba.
- Designates "human tissue gift agencies" that are to be notified when a person has died or is about to die.

***THE LICENSED PRACTICAL NURSES ACT (L125)***

- Authorizes the College of Licensed Practical Nurses of Manitoba to regulate licensed practical nurses.

***THE MEDICAL ACT (M90)***

- Authorizes the College of Physicians and Surgeons of Manitoba to regulate medical practitioners.

***THE MANITOBA MEDICAL ASSOCIATION DUES ACT (M95)***

- Requires the payment of dues by members and non-members of the Manitoba Medical Association.

***THE MENTAL HEALTH ACT (M110)***

(S.M. 1998, c. 36) (except Parts 9 and 10 and clauses 125(l) (i) and (j))

- Governs voluntary and involuntary admission of patients to psychiatric facilities and the treatment of patients in such facilities.
- Governs the appointment and powers of Committees for persons who are not mentally competent.

***THE MIDWIFERY ACT (M125)***

- Authorizes the College of Midwives of Manitoba to regulate midwives.

***THE NATUROPATHIC ACT (N 80)***

- Authorizes the Manitoba Naturopathic Association to regulate naturopaths.

***THE OCCUPATIONAL THERAPISTS ACT (05)***

- Authorizes the Association of Occupational Therapists of Manitoba to regulate occupational therapists.

***THE OPTICIANS ACT (060)***

- *Authorizes The Opticians of Manitoba to regulate opticians.*

***THE OPTOMETRY ACT (070)***

- Authorizes the Manitoba Association of Optometrists to regulate optometrists.

***THE PERSONAL HEALTH INFORMATION ACT (P33.5)***

- Protects personal health information in the health system in Manitoba.
- Establishes a common set of rules governing the collection, use and disclosure of personal health information that emphasize the protection of the information while ensuring that necessary information is available to provide efficient health services.

***THE PHARMACEUTICAL ACT (P60)***

- Authorizes the Manitoba Pharmaceutical Association to regulate pharmacists and pharmacies.
- Allows for the establishment and maintenance of a provincial drug formulary.

***THE PHYSIOTHERAPISTS ACT (P65)***

- Authorizes the College of Physiotherapists of Manitoba to regulate physiotherapists.

***THE PODIATRISTS ACT (P93)***

- Defines the practice of podiatry and provides for the regulation of the profession, including:
  - the continuation of the Association of Chiropodists as the College of Podiatrists of Manitoba,
  - the establishment of a governing council of at least six persons, of whom at least one-third must be public representatives,
  - the registration of podiatrists,
  - a complaints and discipline process,
  - the making of regulations and by-laws.

***THE PRESCRIPTION DRUGS COST ASSISTANCE ACT (P115)***

- Governs the operation and administration of the provincial drug benefit program.

***THE PRIVATE HOSPITALS ACT (P130)***

- Governs the licensing and operation of private hospitals.
- There are no private hospitals currently operating in Manitoba.

***THE PROTECTION FOR PERSONS IN CARE ACT (P144)***

- Requires the mandatory reporting of abuse or potential abuse of patients in hospitals or residents in personal care homes except those who are children or who are vulnerable persons in which case different legislation applies.
- Allows for the investigation of such reports, the giving of ministerial directions for actions to protect patients, or residents, and for the prosecution of offences.
- Provides protection from employment action and from interruption of service for persons who make a report in good faith under the Act.

***THE PSYCHOLOGISTS REGISTRATION ACT (P190)***

- Authorizes the Psychological Association of Manitoba to regulate psychologists.

***THE PUBLIC HEALTH ACT**(P210)***

- Provides the powers and authority necessary to support public health programs and to allow for proper enforcement of public health regulations.

**(Excluding the responsibility for Bedding, Upholstered and Stuffed Articles Regulation (Manitoba Regulation 333/88R) under The Public Health Act, which is assigned to the Minister of Finance.)

***THE REGIONAL HEALTH AUTHORITIES ACT (R34)***

- Governs the administration and operation of regional health authorities.

***THE REGISTERED DIETITIANS ACT (R39)***

- Authorizes the Manitoba Association of Registered Dietitians to regulate registered dietitians.

***THE REGISTERED NURSES ACT (R40)***

- Authorizes the College of Registered Nurses of Manitoba to regulate registered nurses.

***THE REGISTERED PSYCHIATRIC NURSES ACT (R45)***

- Authorizes the College of Registered Psychiatric Nurses of Manitoba to regulate registered psychiatric nurses.

***THE REGISTERED RESPIRATORY THERAPISTS ACT (R115)***

- Authorizes the Manitoba Association of Registered Respiratory Therapists to regulate respiratory therapists.

***THE SANATORIUM BOARD OF MANITOBA ACT (S12)***

- Creates The Sanatorium Board of Manitoba for the purpose of enhancing the care and treatment of persons with respiratory disorders and to engage in or promote prevention and research respecting respiratory diseases. The Board may also establish treatment facilities with the approval of the Minister of Health.

## STATUTES RELATED TO HEALTHY LIVING

***THE ADDICTIONS FOUNDATION ACT (A60)***

- Creates the Addictions Foundation of Manitoba and provides for the Foundation to provide necessary services for problems relating to the use or abuse of alcohol and other drugs and substances.

***THE NON-SMOKERS HEALTH PROTECTION ACT (N92)***

- Prohibits the sale of tobacco products to children.
- Prohibits smoking in enclosed public places and prohibits smoking in indoor workplaces where the province has clear jurisdiction subject to certain exceptions.

and:

Manitoba Prenatal Benefit Regulation (M.R. 89/2001) made under The Social Services Administration Act.

# APPENDIX II

## LEGISLATIVE AMENDMENTS IN 2005 - 2006

A number of health and health related statutes and regulations were amended, enacted or proclaimed in 2005 - 2006:

**STATUTES:**

***THE MANITOBA COUNCIL ON AGING ACT*** (in force June 16, 2005)

Enacted *The Manitoba Council on Aging Act* to continue the Council. The council provides advice to government on matters relating to the aging process and the needs of seniors. It also promotes public understanding about the aging process.

***THE EMERGENCY MEASURES AMENDMENT ACT*** (in force on June 9, 2005)

Amended *The Emergency Measures Act* to authorize the province to enter into agreements with other jurisdictions about emergency planning and providing assistance during emergencies. It deals with the qualifications of people from other jurisdictions who provide emergency assistance in Manitoba, as well as liability for their actions while here.

***THE REGIONAL HEALTH AUTHORITIES AMENDMENT AND MANITOBA EVIDENCE AMENDMENT ACT*** (in force upon proclamation)

Amended *The Regional Health Authorities and Manitoba Evidence Act* to enhance the safety of hospital patients, residents of personal care homes and other people receiving health services. *The Regional Health Authorities Act* was amended to deal with critical incidents. A critical incident is an unintended event that harms a person while he or she is receiving health services. This amendment requires RHAs, health corporations and certain health care organizations to report and investigate critical incidents, to keep records about them, and to keep the people affected fully informed. It also permits the patient, a patient's relative or an employee of a RHA, health corporation or certain health care organizations to report an incident, and the incident must be investigated.

Amendments were made to *The Manitoba Evidence Act* concerning committees that deal with critical incidents, hospital standards, medical staff and research. What happens at those committees cannot be disclosed in legal proceedings, as long as certain information, such as patient records or the facts of a critical incident, is otherwise available to the patient or person affected. Also, committee members and persons who provide information to committees are protected from liability.

Amendments include a consequential amendment to *The Mental Health Act* to permit information to be disclosed to a committee formed to look into a critical incident.

***THE WORKPLACE SAFETY AND HEALTH AMENDMENT ACT (Needles in Medical Workplaces)*** (in force on January 1, 2006)

Amended *The Workplace Safety and Health Act* to require medical workplaces to protect workers by ensuring that safety-engineered needles (such as shielded needle devices or retractable needle systems) are used whenever possible. In addition, they must implement safe work procedures and practices relating to the use of needles.

***THE HEALTH SERVICES INSURANCE AMENDMENT AND PRESCRIPTION DRUGS COST ASSISTANCE AMENDMENT ACT*** (in force on June 16, 2005)

Amended *The Health Services Insurance and Prescription Drugs Cost Assistance Act* to:

- Made several amendments to *The Health Services Insurance Act*. The key amendments were as follows:
  - the information-gathering powers of the committee that monitors patient use of the health care system, and the limitations on those powers, were clarified,
  - the power to prescribe services for which no benefit is payable was amended, and
  - the powers of inspectors under various provisions of the Act were made consistent.
  - This also amends the powers of inspectors under *The Prescription Drugs Cost Assistance Act*, making them consistent with those under *The Health Services Insurance Act*. Other amendments to *The Prescription Drugs Cost Assistance Act* reflect recent changes in the law allowing "nurse practitioners" to prescribe drugs in certain circumstances.

***THE REGULATED HEALTH PROFESSIONS STATUTES AMENDMENT ACT*** (in force on September 1, 2005 for all health professions statutes except *The Medical Laboratory Technologists Act* (which is not yet proclaimed) and *The Occupational Therapists Act* which came into force on December 15, 2005. The amendments for the *Medical Laboratory Technologists Act* will become effective when the Act does.)

*The Regulated Health Professions Statutes Amendment Act:*

- Amended 19 statutes that regulate the practice of health professionals. Most of the statutes are amended to allow the regulatory bodies to waive registration or licensing requirements if there is a public health emergency and health professionals must be brought in from elsewhere in Canada or from the United States. Amendments to *The Denturists Act* and *The Opticians Act* do not include these provisions.
- The amendments to all statutes require the regulatory bodies to collect certain demographic information about their members and give it to the minister for an electronic registry of health service providers.
- The minister may then use the information for limited purposes, and share it, in non-identifying form, with authorized entities such as RHAs.
- *The Medical Act* is further amended to clarify what information is to be included in the physician profiles that the College of Physicians and Surgeons will make available to the public.

***THE STATUTES CORRECTION AND MINOR AMENDMENT ACT*** (in force on June 16, 2005)

Amended *The Statutes Correction and Minor Act* to correct typographical, numbering and other drafting errors. It also makes minor amendments to various Acts and repealed an obsolete Act. The amendments related to health are as follows:

- *The Elderly and Infirm Persons Housing Act* to delete references to personal care homes.
- *The Health Services Insurance Act* to clarify the age description in part of the definition "dependant".
- *The Human Tissue Gift Act* to add a definition of "minister" and correct a typo.
- *The Mental Health Act* to correct a spelling error.
- *The Personal Health Information Act* to revise the French version of the definition "health".
- *The Pharmaceutical Act* to remove any restrictions on the ability of a registered nurse (extended practice) to prescribe drugs in accordance with the regulation under *The Registered Nurses Act*.
- *The Non-Smokers Health Protection Act* by changing its number in the Continuing Consolidation from S125 to N92.

***THE MEDICAL AMENDMENT ACT*** (in force on June 16, 2005)

Amended *The Medical Act* to allow physicians more flexibility to practice non-traditional therapies and other therapies that differ from prevailing medical practice, without the potential for professional discipline unless the non-traditional or differing therapy involves a greater risk to patient health.

***THE DENTAL HYGIENISTS ACT*** (Transitional council provisions came into force on December 8th, 2005. The remainder will come into force on a day fixed by proclamation.)

Enacted *The Dental Hygienists Act to* define the practice of dental hygiene and provide for the regulation of the profession. It included provisions to:

- establish the College of Dental Hygienists of Manitoba,
- establish a governing council with public representatives,
- require the registration of dental hygienists,
- create processes for handling complaints and discipline.

***THE DENTAL ASSOCIATION AMENDMENT ACT*** (proclaimed on March 24, 2006)

Amended *The Dental Association* Act to allow the Dental Association to regulate dental assistants. They also amended the Act to remove all references to administrative rules since the Association deals with administrative matters by by-laws.

***THE OCCUPATIONAL THERAPISTS ACT - S.M. 2002 chapter c.05*** (proclaimed on December 15, 2005)

**REGULATIONS:**

***THE HEALTH SERVICES INSURANCE ACT***

Amendments were made to:

- The *Personal Care Services Insurance and Administration Regulation* to adjust the amount of residential/authorized charges for personal care home residents to account for cost of living increases for residents and their spouses who are living in the community. The financial threshold was also increased for the waiver of payment of all or part of the authorized charge payable by a personal care home resident who has a spouse living in the community.
  The amendments would also apply to long term patients in psychiatric facilities as the regulation under *The Mental Health Act* relating to long term patients in psychiatric facilities provides that charges for these patients are to be calculated in accordance with the *Personal Care Services Insurance and Administration Regulation*.

- The *Hospital Services Insurance and Administration Regulation* to adjust the amount of residential/authorized charges for individuals panelled for personal care home placement and chronic care patients to account for cost of living increases for such individuals and their spouses who are living in the community. The financial threshold was also increased for the waiver of payment of all or part of the authorized charge payable by a panelled or chronic care patient who has a spouse living in the community.

- The *Health Care Facilities Designation* to add two corporations under the heading "Health Centres."

- The *Excluded Services Regulation* to amend the exclusions to allow coverage of abortions outside of hospitals in facilities approved by the Minister, and MRIs outside of a hospital in facilities owned and operated by an RHA, as well as enabled decision making respecting new technologies.

- The *Sessional Rates for Services Regulation* to reflect rates paid to physicians who provide services other than on a fee for services rendered basis as set out in the agreement between the Manitoba Medical Association and Manitoba Health and Healthy Living.

- The *Optometric Services Insurance Regulation* to reflect the rate for insured optometric services paid to optometrists for a complete eye examination and a partial eye examination retroactive to April 1, 2005 as well as the increased rates for 2006/07 and 2007/08.

***THE EMERGENCY MEDICAL RESPONSE AND STRETCHER TRANSPORTATION ACT***

- Three new regulations, *the Air Emergency Medical Response System Regulation, the Land Emergency Medical Response System Regulation and the Stretcher Transportation Services Regulation* were developed to regulate emergency medical response services and personnel and the stretcher transportation services and personnel. The *Northern Patient Transportation Program Regulation* was enacted to continue the existing Northern Patient Transportation Program.

***THE MEDICAL ACT***

- The *Physician Profile Regulation* was enacted to enable the College of Physicians and Surgeons of Manitoba to require its members to provide the necessary information for the profiles system including practice location, medical education, certification, criminal convictions relevant to the practice of medicine, a description of disciplinary actions and medical malpractice judgments, as well as specifying the time and manner in which the information must be provided and how the profiles are to be made available to the public.

- Amended the *Registration of Medical Practitioners Regulation* to increase public protection and improve retention of foreign trained physicians by requiring family physicians seeking conditional registration to undergo additional clinical assessment and allowing the College of Physicians and Surgeons of Manitoba, on a one-time basis, to extend the time period allowed for physicians on conditional registration to pass national examinations.

- Amended the *Registration of Medical Practitioners Regulation* to allow temporary registration of physicians up to 12 months in any 18 month period in order to assist in addressing physician recruitment problems in some areas of rural and northern Manitoba. It is anticipated that this will provide an additional pool of physicians to provide locum tenens services in communities where there are physician shortages.

***THE MENTAL HEALTH ACT***

- Amended the *Charges Payable by Long Term Care Patients Regulation* in psychiatric facilities. Charges for these patients are to be calculated in accordance with the *Personal Care Services Insurance and Administration Regulation.*

***THE NON-SMOKERS HEALTH PROTECTION ACT***

- Amended the *Non-Smokers Health Protection Regulation* to set out the requirements for the signage that may be posted by tobacco retailers. It also exempts tobacconists from display, advertising and promotion of tobacco products within their premises.

***THE OCCUPATIONAL THERAPISTS ACT***

- The *Occupational Therapists Regulation* was enacted, in accordance with the new Act passed in 2002, to establish requirements for registration, renewal of registration, establishment, content and maintenance of registers and requirements for continuing competence.

***THE PERSONAL HEALTH INFORMATION ACT***

- Amends the *Personal Health Information Regulation* to address concerns encountered with the previous overly-restrictive audit provisions while continuing to ensure that personal health information held in electronic form is protected from inappropriate or unauthorized access. The amended requirements are consistent with requirements in other Canadian and U.S. jurisdictions.

***THE PHARMACUETICAL ACT***

- Amended the *Manitoba Drug Interchangeability Formulary Regulation* as required to update the Formulary.

- Amended the *Prescribed Drugs Regulation* and the *Pharmaceutical Regulation* in a two-phase government strategy to reduce the use of methamphetamine, cold, flu and allergy relief products containing pseudoephedrine as the only active ingredient, are only going to be sold from a pharmacy.

- Amended the *Pharmaceutical Regulation* to recognize the prescribing authority of midwives and extended practice nurses to enable the changes in the Manitoba Prescribing Practices Program.

***THE PRESCRIPTION DRUGS COST ASSISTANCE ACT***

- Amended the *Specified Drugs Regulation* to update the Schedule.

- Amended the *Prescription Drugs Payment of Benefits Regulation* to increase the Pharmacare deductible.

- Amended the *Prescription Drugs Payment of Benefits Regulation* to enable coverage of diabetes control supplies and Plan B drug by Pharmacare without a prescription.

***THE PSYCHOLGISTS REGISTRATION ACT***

- The *Psychological Association of Manitoba By-Law No. 1 (31/2006) and By-Law No. 2 (32/2006)* was enacted to replace outdated by-laws. The new by-laws set out provisions to allow for registration of masters prepared psychologists, licensed in other Canadian jurisdictions, who move to Manitoba to enter independent practice; increased public protection measures (e.g., appointment of public representatives to the council and complaints committee); updating administrative law provisions to provide increased consistency with other recent health profession regulations; provisions to allow the Association to recover some of its disciplinary costs and housekeeping amendments.

***THE PUBLIC HEALTH ACT***

- Amended the *Swimming Pools and other Water Recreational Facilities Regulation* to enhance safety measures to better protect users, including higher qualifications for lifeguards, changing the lifeguard to bather ratio, requiring written procedures and instructions for pools to deal with group use and emergencies, requirements for dealing with hazardous situations and improvements to disinfection and testing requirements and other measures.

- To accommodate the rapidly evolving area of commercial pool design, while still ensuring safety.

- To better enable operators to undertake minor safety alterations/repairs.

***THE REGIONAL HEALTH AUTHORITIES ACT***

- Amended the *Regional Health Authorities Establishment Regulation* to change the maximum size of the WRHA Board from 15 to 19.

***THE SOCIAL SERVICES ADMINISTRATION ACT (Manitoba Prenatal Benefit - (M.R. 89/2001)*** is the responsibility of the Minister of Healthy Living.

- Amended the *Manitoba Prenatal Benefit Regulation* to enable women to meet extra nutritional needs during pregnancy.

## APPENDIX III

## PERFORMANCE REPORTING

The 2005-06 reporting year is the first year that a standardized Performance Measurement section appears in departmental Annual Reports. This section is another step in our process to provide Manitobans with a more complete picture of the activities of government and their impacts on the province. That process was begun in 2005 with the release of the document, *Reporting to Manitobans on Performance, 2005 Discussion Document*, which can be found at www.gov.mb.ca/finance/mbperformance.

Performance indicators in departmental Annual Reports are intended to complement financial results and provide Manitobans with meaningful and useful information about government's activities. The following measures incorporate data collected by the Winnipeg Regional Health Authority, Cancer Care Manitoba and Statistics Canada. Performance reporting continues to evolve.

Your comments on performance measures are valuable to us. You can send comments or questions to mbperformance@gov.mb.ca.

| ***What is being measured and how?*** | ***Why is it important to measure this?*** | ***What is the most recent available value for this indicator?*** | ***What is the trend over time for this indicator?*** | ***Comments / recent actions / report links*** |
|---|---|---|---|---|
| Manitobans' access to cardiac surgery through the measurement of Median wait times for cardiac bypass surgery by level of urgency | Timely access to surgical services is important | As of March 2006, the Median wait time for cardiac bypass surgery by level of urgency was:<br>- Level 1 (Emergent and Urgent): 6 days<br>- Level 2 (Semi-urgent): 13 days<br>- Level 3 (Elective): 74 days<br><br>(Source: Winnipeg Regional Health Authority) | Compared to two years ago, the Median wait time for Levels 1 and 2 (urgency patients) is lower and for Level 3 (Elective) higher. As of April 2005, the Median wait time for cardiac surgery by level of urgency was:<br>- Level 1 (Emergent and Urgent): 7 days<br>- Level 2 (Semi-urgent): 15 days<br>- Level 3 (Elective): 56 days | Wait times are calculated based on patients who received surgery during the reporting period. The increased wait time for Level 3 (Elective) patients reflects an increased number of surgeries on patients with long wait times. |

| *What is being measured and how?* | *Why is it important to measure this?* | *What is the most recent available value for this indicator?* | *What is the trend over time for this indicator?* | *Comments / recent actions / report links* |
|---|---|---|---|---|
| Manitobans' access to radiation therapy for cancer through the measurement of Median wait times for patients to commence radiation therapy treatment | Timely access to treatment services is important | As of March 2006, the Median wait time for patients to commence radiation therapy for all cancer types was 1.0 week.<br><br>(Source: CancerCare Manitoba) | The wait time has reduced significantly. The Median wait time in April 2002 was 2.1 weeks for all cancer types. | |
| Physical activity levels of Manitobans as measured by the percent of those surveyed who reported being active, moderately active or inactive. | Physical activity is a significant factor contributing to personal health | In 2005, the percent of Manitobans who reported their physical activity level was as follows:<br>- Active: 23%<br>- Moderately active: 24%<br>- Inactive: 50%<br><br>(Source: Statistics Canada, Canadian Community Health Survey) | There is a trend toward greater physical activity. Reported rates for 1994 were as follows:<br>- Active: 19%<br>- Moderately active: 24%<br>- Inactive: 51% | Data on physical activity are self-reported by Manitoba respondents to Statistics Canada surveys. |
| Tobacco use rates as measured by the percent of Manitobans 12+ years who reported being current smokers (daily or occasional), former smokers, or non-never smoked. | Tobacco use is a major cause of death and preventable illness including heart disease and cancer | In 2005, the percent of Manitobans who reported their smoking status was as follows:<br>- Current smoker: 20 %<br>- Former smoker: 39%<br>- Never smoked: 41%<br><br>(Source: Statistics Canada, Canadian Community Health Survey) | There is a trend toward reduced smoking. Reported rates for 1994 were as follows:<br>- Current smoker: 29%<br>- Former smoker: 29%<br>- Never smoked: 42% | Data on smoking are self-reported by Manitoba respondents to Statistics Canada surveys. |

| *What is being measured and how?* | *Why is it important to measure this?* | *What is the most recent available value for this indicator?* | *What is the trend over time for this indicator?* | *Comments / recent actions / report links* |
|---|---|---|---|---|
| Death rate for heart attack as measured by the age-standardized mortality rate for acute myocardial infarction (AMI) | Cardiovascular disease, which includes heart attack (AMIs) and stroke, is a leading cause of death | In 2003, the age-standardized mortality rate for hearth attack (AMI) in Manitoba was 43 deaths per 100,000 population<br><br>(Source: Statistics Canada, Vital Statistics) | The AMI mortality rate has declined dramatically in Manitoba and Canada from approximately 140 deaths per 100,000 in 1979 to 43 per 100,000 in 2003 | Rates have declined largely due to improved drugs and medical care for heart attack patients, reduced smoking rates and improved control of hypertension. |

# APPENDIX IV

# SUSTAINABLE DEVELOPMENT

*The Sustainable Development Act* (The Act) was proclaimed in July 1998. The overall goal of sustainable development is ***meeting the needs of the present without compromising the ability of future generations to meet their own needs***.

Principles and guidelines of sustainable development have been established to guide all Departments in the Province of Manitoba in their efforts to attain that goal. For an activity to be sustainable it must be in compliance with all applicable principles and guidelines of sustainable development as determined by The Act.

In pursuit of the above, and to report on Manitoba Health and Healthy Living's efforts toward sustainable development, this Annual Report presents the progress and accomplishments of the Department in incorporating the Principles and Guidelines of Sustainable Development.

## PRINCIPLES AND GUIDELINES (SECTIONS 1–13)

### 1. INTEGRATION OF ENVIRONMENTAL AND ECONOMIC DECISIONS:

**What needs to be done:**
Economic decisions and activities should adequately reflect environmental, human health and social effects, and environmental and health decisions, activities and initiatives should adequately take into account economic, human health and social consequences.

**What was done:**
**Policy and Planning:** Developed a Provincial Institute for Patient Safety strategy. Liaised with the Institute to address patient safety and quality of care issues in Manitoba. Continued development of *Manitoba Health's Planning Document* that sets out the goals for the health care system. Initiated the Long Term Care Provincial Strategy which supports the principle of "Aging in Place" by addressing the need for affordable options for "Housing-with-Supports" as alternatives to premature personal care home placement.
**Regional Support Services:** Monitored and evaluated the Access River East Centre established in April 2004. The Access Centre is designed to provide one-stop access to a wide range of coordinated health care services through inter-disciplinary team-based care, as well as to provide information to area residents. Monitored and evaluated the Manitoba Prostate Centre opened in September 2004. At the Centre, men with prostate cancer have access to information, education, and assistance in making treatment decisions.
**Regional Programs and Services:** Continued to implement the Primary Health Care Transitions Fund. These initiatives are improving access, accountability and integration of services through fundamental and sustainable change to the organization, funding, and delivery of PHC services. Participated in the development of a strategy to reduce care wait times for hip and knee surgeries.
**Aboriginal Health:** Continued leadership in the implementation of "*As Long As The Waters Flow: An Aboriginal Strategy on HIV/AIDS*" in Manitoba. With the Assembly of Manitoba Chiefs, jointly facilitated the second forum "Role of First Nation People with RHAs" in July 2005 where health service delivery issues impacting First Nations were addressed. Continued to provide relevant information to RHAs on First Nation and Métis populations and protocols for use in planning of service delivery and program development. Provided information to the First Nation Personal Care Home Networking Group for use in the establishment of a First Nation Licensing mechanism and to determine eligibility for provincial licensing.
**Health Services Insurance Fund:** Continued funding of health core services to increase efficiency, effectiveness and appropriate health care delivery across geographic areas.

## 2. STEWARDSHIP:

**What needs to be done:**
Plans, policies and decisions should ensure that the economy, the environment, human health and social well-being are managed for the equal benefit of present and future generations, and that decisions are balanced with tomorrow's effects.

**What was done:**
**Workforce Policy and Planning:** A report titled *Manitoba's Health Human Resource Plan – A report on Supply* was produced and made available. This report details the current supply of health care professionals in the physician, nursing, and allied health sectors. It also outlines the initiatives in place today and being developed in the future to help recruit and retain health professionals in Manitoba.
**Health Policy, Planning and Support:** Provided leadership and support in the planning and development of policy in the areas of prevention, treatment, home care, long-term care, end of life care, patient safety, emerging issues, mental health, and health needs for children, women, persons with disabilities, seniors and Aboriginal persons.
**Regional Affairs:** Completed a review of the Palliative Care Drug Access Program to assess access, quality and impact of the program in Manitoba. The program's purpose is to facilitate access to eligible pharmaceuticals on a no cost basis to terminally ill patients who wish to remain in the community as an alternative to requiring admission to a health care facility.
**Mental Health and Addictions:** Training was developed and implemented across the province to increase the ability of service providers to identify and provide treatment to individuals using crystal methamphetamine. A Policy on Family Member and Natural Supports Participation in Mental Health Service Planning and Evaluation was completed in May. Resources related to eating disorders were developed for physicians, other health care providers, individuals and family members and distributed to regions.
**Accountability Support Branch:** Continued enhancement of partnerships and shared visions with RHA senior management regarding the development and implementation of performance deliverables and related processes. Integrated and improved Health Care planning processes that align resources and initiatives with system priorities.
**Provincial Drug Programs:** Ensured professional staff were available during normal working hours to deal with public and professional issues.
**Insured Benefits Services:** Participated in planning and development of sustainable health care system in Manitoba through consistent customer focused services. Continued evaluation of work processes to improve effectiveness and efficiency of the programs to ensure that Manitobans are fully aware of and receive benefits to which they are entitled.
**Addictions Foundation of Manitoba:** Over 5,000 individuals were seen in adult treatment programs for alcohol and other drug problems, and 1,835 youth were seen in various programs, ranging from residential to community-based. Effectively provided a range of rehabilitation services, guided by best practices, targeted to the unique needs of Manitoba's youth.
**Disaster Management:** Regular meetings of the Disaster Management Network were hosted to share information and best practices to ensure integrated planning. Pandemic influenza planning was a major focus.
**Emergency Health and Ambulance Services:** Developed, distributed and monitored the implementation of current medical practice guidelines and standards for pre-hospital patient care. Evaluated new and existing EMS practitioners to ensure minimum patient care standards are met as required under *The Ambulance Services Act* and Regulation.
**Public Health:** Improved surveillance and analysis of public health threats; accurate health information to support policy, programs and activities; enhanced public awareness of healthy living; optimal coordination of inter-jurisdictional public health issues, policies and outbreak response.
**Federal/Provincial Policy Support:** Provided strategic policy advice, policy support and short-term research functions on inter-provincial and inter-jurisdictional matters.
**Information Systems:** Continued to provide secretariat support, guidance, and membership participation to the newly formed health ICT Investment Coordination and Advisory Committee.
**Office of the Chief Medical Officer of Health:** Initiated strategic planning and environmental scan with multiple partners with regard to the development of public health strategies to reduce the identified disparities in Aboriginal health status; identified performance measures in key areas.

**Northern Nursing Stations:** Provided staffing, operating resources, and appropriate direction and coordination to enable nursing station staff to provide quality primary health care and public health services to the communities. Updated operating policies and procedures in consultation with staff and other agencies delivering health care services to the communities.

## 3. SHARED RESPONSIBILITY AND UNDERSTANDING:

**What needs to be done:**
Responsible for sustaining the economy, the environment, human health and social well-being and be accountable for decisions and actions in a spirit of partnership and cooperation with all Manitobans. Decisions and activities should reflect Manitoba's shared common economic, physical and social environment. Understand and respect differing economic and social views, values, traditions and aspirations in decision making and activities, and consider and reflect in decisions and activities the aspirations, needs and views of the people of the various geographical and ethnic groups in Manitoba, including Aboriginal peoples, to facilitate equitable management of Manitoba's common resources.

**What was done:**
**Human Resources:** In collaboration with the Civil Service Commission, facilitated two placements from the Aboriginal Management Development Program, one from each of the Aboriginal Public Administration Program, Career Gateway Program for Members of Visible Minorities, and Management Internship Program and two from the Volunteers in Public Service Program for Immigrant Professionals.
**Regional Support Unit:** Ensured that RHA health planning complied with Manitoba Health and Healthy Living requirements; continued to strengthen the relationship between Strategic Planning, CHA, Performance Deliverables and other accountability mechanisms for both the health organizations and Manitoba Health and Healthy Living. Through communication, consultation and process change, developed stronger linkages and integration regarding health planning with portfolios across the Department.
**Policy and Planning:** Initiated and communicated the 2005 Manitoba Health Mission, Vision, and Goals statements for the healthcare system to the RHAs to guide them in their strategic health planning. Developed policies that increased community living supports for seniors and provide alternatives to institutional living.
**Mental Health and Addictions:** A comprehensive public awareness campaign including television and radio ads, shelter billboards, and a brochure for families was implemented across the province to increase the public's awareness of the dangers of crystal methamphetamine.
**Disaster Management:** Hosted joint planning sessions with the RHAs and the Emergency Measures Organization in communities throughout Manitoba to discuss pandemic planning, guidelines for local governments and to encourage local joint planning.
**Primary Health Care:** Improved access to PHC for Manitobans and worked towards evolving primary care within Manitoba's Primary Health Care Framework.
**Information Systems:** Continued to facilitate the provision of data to both internal and external organizations for the purposes of decision support and the effective management of health information. Coordinated and facilitated the continued expansion of network connectivity within Manitoba's health sector, utilizing and effecting improvements in Manitoba's Provincial Data Network. Rolled out the Provincial Drug Viewer to all hospital emergency and admitting departments, replacing the old Drug Programs Information Network ER system. Deployed the Provincial Health Insurance Registry viewer to all hospitals. Rolled out current technology for electronic claims exchange with the majority of health practitioners.
**Aboriginal Health:** Participated in negotiation between Manitoba Health and Healthy Living, Health Canada and the Swampy Cree Tribal Council to enable the transfer of northern nursing stations to local health authorities. Met with various working groups that impact on the health of Aboriginal people on and off-reserve.
**Public Health Branch:** Productive collaborations created between Manitoba Health and Healthy Living, other Government Departments, the University of Manitoba, RHAs, and other organizations for effective teaching, training and research. Reduction in the incidence of dental caries, particularly to children, as well as in the sale of tobacco to minors by retailers.

## 4. PREVENTION:

**What needs to be done:**
Activities, decisions and legislation should anticipate and prevent or mitigate any significant adverse economic, environmental, human health and social effects, and particular careful regard is given to decisions and actions whose impacts are not entirely certain but which, on reasonable and well-informed grounds, appear to pose serious threats to the economy, the environment, human health and social well-being.

**What was done:**
**Regional Support Services:** Continued participation in Manitoba Health Disaster Management Program planning, including pre-preparedness in areas such as Pandemic Flu and SARS outbreaks.
**Cadham Provincial Laboratory:** Increased detection of STD in high-risk populations to decrease the transmission of disease in Manitoba. Introduced experimental molecular detection of chancroids, a genital ulcer disease, as well as protocols for detection of lymphogranuloma venereum, a re-emerging sexually transmitted infection.
**Public Health Branch:** Improved surveillance and analysis of public health threats. Provided outbreak surveillance and epidemiological expertise in relation to outbreaks of norovirus, influenza and mumps. Provided provincial surveillance data for the National Diabetes Surveillance System to support evidence-based diabetes management.
**Office of the Chief Medical Officer of Health:** Preparedness plans for public health emergencies are in place, and the West Nile Virus response plan was reviewed and updated. Continued to update the Pandemic Influenza Plan. Response plans for Avian Influenza were developed and refined.

## 5. CONSERVATION AND ENHANCEMENT:

**What needs to be done:**
Activities and decisions should maintain the ecological processes, biological diversity and life-support systems of the environment, renewable natural resources are harvested on a sustainable yield basis, persons who have been allocated provincial resources make wise and efficient use of them, and programs and activities enhance the long-term productive capability, quality and capacity of natural ecosystems.

**What was done:**
**Cadham Provincial Laboratory:** Enhanced surveillance of infectious diseases to aid in outbreak identification and prevention. Improved diagnostic testing for bacteria which are antibiotic resistant, toxin producing or that cause food poisoning to improve infection control in hospitals, personal care homes, and the community, and provide clinicians with more accurate interpretations. Enhanced detection of infectious agents in compromised patients to allow preventative treatment.
**Public Health Branch:** Continued the process of developing, implementing, monitoring and evaluating a province-wide Regional Diabetes Program which integrates education into the continuum of diabetes prevention, care, research and support. Enhanced the Manitoba Immunization Monitoring System for more complete data capture, improved data quality and feedback to stakeholders.

## 6. REHABILITATION AND RECLAMATION:

**What needs to be done:**
Endeavour to repair or have repaired damage to, or degradation of the environment, and build into the Department's future allocations and plans for the use of resources, the requirement to rehabilitate and reclaim any damaged areas and resources.

**What was done:**
**Selkirk Mental Health Centre:** Central Government approved the construction of a new 105-bed building to serve persons with geriatric mental health concerns and persons with acquired brain injuries. This will allow an aging building with dormitory accommodations to be retired and will allow for the development of a new acquired brain injury program at the Centre.
**Capital Planning:** Oversaw infrastructure projects that supported investment in state-of-the-art medical equipment, developed new projects, and rehabilitated aging community facilities.

## 7. GLOBAL RESPONSIBILITY:

**What needs to be done:**
Think globally when acting locally and recognize that there is economic, ecological and social interdependence among provinces and nations; work cooperatively within Canada and internationally to integrate economic, environmental, human health and social factors while developing comprehensive and equitable solutions to problems.

**What was done:**
**Policy and Planning:** Provided leadership in the planning processes for the development of strategic priorities and directions for the health system and for the ongoing progression of these plans within the Department and other jurisdictions.
**Federal/Provincial Policy Support:**. Conducted negotiations on cooperative initiatives, and Pan-Canadian institutions and policy approaches.
**Office of the Chief Medical Officer of Health:** Participated in the development and implementation of policies on environmental issues relating to drinking and recreational water and air quality. Assessed health risk and provided information on asbestos in vermiculite insulation.

## 8. EFFICIENT USE OF RESOURCES:

**What needs to be done:**
Encourage and facilitate the development, application and use of systems for proper resource pricing, demand management and resource allocation, together with incentives to encourage the efficient use of resources, and employ full-cost accounting to provide better information for decision-makers.

**What was done:**
**Human Resources:** Completed role profiles for clerical/administration, supervisory, middle management and analytical occupational groups. Continued Position Planning exercise for "at risk" positions.
**Health Labour Relations:** Established an efficient and effective information network to support decision making; held ongoing meetings with the WRHA and Manitoba Health Finance; and held site orientation visits with participating RHAs.
**Capital Planning:** Continued integration of universal access guidelines into new construction and major renovation projects wherever practical and according to identified needs. Continued improvement to Power Smart Standards for new construction and renovation projects.
**Provincial Drug Programs:** Continued streamlining of Drug Review Process to reduce costs and/or provide timely access to new medications.

## 9. PUBLIC PARTICIPATION:

**What needs to be done:**
Use and establish forums which encourage and provide opportunity for consultation and meaningful participation by Manitobans in decision-making processes, provide due process, prior notification, appropriate and timely redress for those adversely affected by departmental decisions and actions, and strive to achieve consensus among citizens and the Department with regard to decisions affecting them.

**What was done:**
**Legislative Unit:** The PHIA Review Steering Committee reviewed feedback received during the public consultation process, and will be proposing amendments to the Act.
**Mental Health Review Board, Manitoba Health Appeal Board, and the Appeal Panel for Home Care:** Ensured that Manitobans have the right to be heard or appeal unsatisfactory medical/health related decisions affecting them or their family members.
**Mental Health and Addictions:** To encourage public participation, a Provincial Policy for Service to Individuals with Co-occurring Mental Health and Substance Use Disorders was drafted for consultation with stakeholders in March 2006.

**Regionalization and Health Planning:** Continued provision of public participation in the health regions through a number of routes for the Community Health Assessment processes. Community consultations, focus groups, region specific surveys and key informant interviews were held by both the regions and by CancerCareManitoba.

## 10. ACCESS TO INFORMATION:

**What needs to be done:**
Improve and refine economic, environmental, human health and social information related to natural resources and the environment, and provide and promote the opportunity for equal and timely access to its information by all Manitobans.

**What was done:**
**Legislative Unit:** Through *The Personal Health Information Act* (PHIA), continue to provide information and formal presentations on PHIA to Health Information Trustees throughout the province to assist them in upholding Manitobans' rights to access and privacy, as well as to the public to assist them in understanding their rights and appeal processes.
**Finance and Administration:** Estimates, Supplementary Information for Legislative Review, Quarterly Financial reports, the Annual Report and other financial reports or documents were prepared in accordance with Legislative Requirements, Treasury Board and Senior Management requirements.
**Information Systems:** Continued development and maintenance of hundreds of databases to support internal and third party information requirements.
**Regional Support Unit:** Updated and maintained the Manitoba Prostate Centre website ensuring access to information, education, and assistance in making treatment decisions and psychosocial counseling.
**Public Health Branch:** Continued to provide regular and routine reports on influenza surveillance data, monthly communicable disease surveillance data, annual HIV/AIDS Statistical Update to the Public Health Agency of Canada and to the RHAs.

## 11. INTEGRATED DECISION-MAKING AND PLANNING:

**What needs to be done:**
Encourage, facilitate, establish and ensure decision making and planning processes are efficient, timely, accountable and cross-sectoral, and incorporate into decision making and planning an inter-generational perspective of future needs and consequences.

**What was done:**
**Information Systems:** Working collaboratively with the western provinces, successfully secured funding from Health Canada for a "Western Canada Chronic Disease Management Infostructure". The Chronic Disease Management System in Manitoba will use standard data definitions developed and adopted collectively by the western provinces.
**Mental Health and Addictions:** Continued participation in the Co-occurring Mental Health and Substance Abuse Disorders Initiative in collaboration with the Addictions Foundation of Manitoba and the RHAs.
**Regionalization Support Unit:** Successfully completed the integration of Performance Deliverables into the Health Planning Process.

## 12. WASTE MINIMIZATION AND SUBSTITUTION:

**What needs to be done:**
Encourage and promote, within and outside the Department, the development and use of substitutes for scarce resources where such substitutes are both environmentally sound and economically viable, and reduce, reuse, recycle and recover the products the Department uses in its daily operations, and encourage, promote and facilitate the 4Rs in society generally.

**What was done:**

- Blue-bin recycling program at 300 Carlton, 1680 Ellice, and 750 William sites. Bins installed in boardrooms, meeting rooms and all lunchrooms for empty beverage and food containers.
- All staff continually encouraged to save waste papers for recycling. Paper recycling boxes in all offices.
- Continued focus on purchasing products manufactured with recycled materials.
- Duplex capabilities have been added to various network printers to provide double-sided print capabilities to reduce paper consumption.
- Continued to develop electronic system to minimize paper copies.

## 13. RESEARCH AND INNOVATION:

**What needs to be done:**
Encourage and assist in the research, development, application and sharing of knowledge and technologies which further economic, environmental, human health and social well-being.

**What was done:**
**Regionalization Support Unit:** The department has begun to explore Organization Wide Risk Management. Continued improvement to the Manitoba Breast Cancer Research Centre which conducts research on the identification of biological markers for the early detection of breast cancer. This centre is internationally unique, notably because of its supporting platforms – the Functional Genomics Centre, Manitoba Tumor Bank and the Genomic Centre for Cancer Research and Diagnosis.
**Selkirk Mental Health Centre:** Continued research on projects on Demographic Characteristics of Admissions, and Principal Patients' Attitudes towards the Use and Purpose of Seclusion.
**Manitoba Centre for Health Policy:** Continued to provide funding for policy evaluation and research initiatives.
**Public Health Branch:** Continued participation in research initiatives with other organizations, provinces and the Federal government to enhance leading-edge knowledge development related to the prevention, education, control and management of a range of communicable diseases. Completing year three of the Manitoba Diabetes Care Project, a three-year research project using province-wide administrative claims data to evaluate the impact of the Manitoba Diabetes Care Recommendations on the practice patterns of primary care physicians in the province.
**Addictions Foundation of Manitoba:** Continued research and evaluation of projects such as Fetal Alcohol Spectrum Disorder (FASD) project that was designed to ensure that FASD affected youth in conflict with the law receive appropriate judicial dispositions, formal diagnosis, access to services and assistance in the identification and development of family oriented and community based resources.
**Office of the Chief Medical Officer of Health:** Continued educational sessions in a variety of settings related to life threatening infections and diseases.
**Aboriginal Health:** Worked in collaboration with Aboriginal organizations and communities, Advanced Education and Training, Nor-Man and Burntwood RHAs and the University College of the North to develop the Aboriginal Midwifery Education Program.

## PROCUREMENT GOALS (SECTIONS 14-18)

## 14. EDUCATION, TRAINING AND AWARENESS:

**What needs to be done:**
Increase awareness about the benefits of Sustainable Development Procurement among Departments, employees and vendors, and expand the knowledge and skills of procurement practitioners and end-users.

**What was done:**

- All areas are encouraged to include Sustainable Development topics in their monthly/quarterly divisional meetings.
- An internal web site for Sustainable Development communication within the Department has been developed and continuously updated.

- Government-wide directives on sustainable development initiatives on recycled papers, toner cartridges, etc., are continually enforced.
- Staff involved in the procurement of stationary products are continually encouraged to select "Green" products whenever possible.

## 15. POLLUTION PREVENTION AND HUMAN HEALTH PROTECTION:

**What needs to be done:**
Reduce the purchase and use of toxic substances, and reduce solid waste sent to landfill from Government of Manitoba-owned or leased facilities occupied by the Department.

**What was done:**
- Smoking by staff in government buildings and vehicles is prohibited.
- Continuous monitoring of Air Quality in work places.
- Rolled out Transport of Dangerous Goods compliant shipping containers to rural diagnostic units.

## 16. REDUCTION OF FOSSIL FUEL EMISSIONS:

**What needs to be done:**
Reduce both consumption and emissions of vehicle fuels, and as a substitute for regular fuels, increase use of ethanol-blended fuels and alternative energy sources.

**What was done:**
Conducted "Commuter Challenge" initiative aimed at encouraging staff to contribute to the efforts against climate change. Staff were encouraged to help reduce gas emissions through cycling, walking, rollerblading, taking the bus, or carpooling for a period of time.

## 17. RESOURCE CONSERVATION:

**What needs to be done:**
Reduce the total annual consumption of utilities, including natural gas, electricity, propane, fuel oil and water in all Government of Manitoba-owned or leased buildings and premises occupied by the Department, and within the context of reduced resource use, increase the proportion of environmentally preferable products and environmentally preferable services used by the Department.

**What was done:**
**Capital Planning:** Applied Power Smart Standard for new construction and major renovation projects. Achieved Power Smart designation to communities and Health Centres.

## 18. COMMUNITY ECONOMIC DEVELOPMENT:

**What needs to be done:**
Increase the participation of Aboriginal peoples and suppliers in providing for goods and services needs, assist in the development and growth of local environmental industries and markets for environmentally preferable products and services, and increase the participation of small businesses, community-based businesses and cooperatives in the Department's procurement opportunities.

**What was done:**
- Invited vendors listed in the Aboriginal Business Registry to submit a response to services being tendered.